



**Cuyahoga County Board of Control Agenda
Monday, November 18, 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 – 11/12/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-830

Department of Public Works, recommending an award on RQ13735 and enter into Contract No. 4925 with Paladin Protective Systems, Inc. (13-3) in the amount not-to-exceed \$200,000.00 for fire extinguisher maintenance and inspection and kitchen hood cleaning and inspection effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2024-831

Department of Development,

- a) Submitting an RFP exemption, which will result in a payment to Cleveland-Cuyahoga Workforce Development Board in the amount not-to-exceed \$20,000.00 to support facilitation of the creation of a youth mental health and substance abuse workforce that is a competitive advantage for Northeast Ohio and build alignment among public, private and philanthropic funders for the period 11/18/2024 - 12/31/2024.
- b) Recommending a payment on Purchase Order No. 24004728 to Cleveland-Cuyahoga Workforce Development Board in the amount not-to-exceed \$20,000.00 to support facilitation of the creation of a youth mental health and substance abuse workforce that is a competitive advantage for Northeast Ohio and build alignment among public, private and philanthropic funders for the period 11/18/2024 - 12/31/2024.

Funding Source: General Fund

BC2024-832

Court of Common Pleas/Corrections Planning Board, recommending an award on RQ14381 and enter into Contract No. 4987 with Oriana House, Inc. (25-3) in the amount not-to-exceed \$280,300.00 for Cognitive Behavioral Change Program utilizing the Thinking for a Change (T4C) model for the period 7/1/2024-6/30/2025.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

BC2024-833

Department of Information Technology on behalf of the Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$51,194.00 for a state contract purchase of (22) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5 year extended warranty, HP Absolute Data & Device Security for Education Professional – Subscription Licenses, docking stations, carrying cases and 44 monitors.
- b) Recommending an award on Purchase Order No. 24000337 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$51,194.00 for a state contract purchase of (22) HP ZBook Firefly mobile workstations, each to include HP Care Pack hardware support, 5 year extended warranty, HP Absolute Data & Device Security for Education Professional – Subscription Licenses, docking stations, carrying cases and 44 monitors.

Funding Source: Federal Equitable Sharing Account

BC2024-834

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$416,769.00 for a state contract purchase of mobile and mini workstations, monitors, docking stations, keyboards with mouse and chargers, HP Care Pack hardware support, 5 year extended warranty and HP Absolute Data & Device Security for Education Professional – Subscription Licenses in varying quantities.
- b) Recommending an award on Purchase Order No. 24004316 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$416,769.00 for a state contract purchase of mobile and mini workstations, monitors, docking stations, keyboards with mouse and chargers, HP Care Pack hardware support, 5 year extended warranty and HP Absolute Data & Device Security for Education Professional – Subscription Licenses in varying quantities.

Funding Source: General Fund

BC2024-835

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$147,054.50 for a state contract purchase of various HP Products and support.

- b) Recommending an award on Purchase Order No. 24004683 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$147,054.50 for a state contract purchase of various HP Products and support.
 - 1) (3100) HP Care Absolute Resilience extended warranty for a period of 1 year in the amount not-to-exceed \$51,305.00.
 - 2) (1) HPE Micro Server, converter kits and additional memory, Integrated Lights-Out subscription for a period of 1 year and support services for a period of 5 years in the amount not-to-exceed \$4,359.00.
 - 3) (20) each HP ZBook Firefly mobile workstations, docking stations, HP Care Absolute Resilience for a period of 1 year and HP Care Pack Essential Offsite Support for a period of 5 years in the amount not-to-exceed \$79,831.00.
 - 4) Miscellaneous HP parts and accessories, HP Care Absolute Resilience for a period of 1 year and HP Care Pack Essential Offsite Support for a period of 5 years in the amount not-to-exceed \$11,559.50.

Funding Source: General Fund

BC2024-836

Department of Information Technology, recommending an award on Purchase Order No. 24004699 with The Ohio State University dba OARnet in the amount not-to-exceed \$126,516.48 for the purchase of (1120) VMware Cloud Foundation 5 and (256) VMware Cloud Foundation Edge 5 for Edge Deployment Only software subscriptions for the period 7/31/2024 - 7/30/2025

Funding Source: General Fund

BC2024-837

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,744.20 for a joint cooperative purchase of (6) Zebra Rugged Tablet each to include keyboards, adapters and a 5 year extended service agreement.

- b) Recommending an award on Purchase Order No. 24004705 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,744.20 for a joint cooperative purchase of (6) Zebra Rugged Tablet each to include keyboards, adapters and a 5 year extended service agreement.

Funding Source: General Fund

BC2024-838

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,260.00 for a state contract purchase of (12) Right Click Tools Subscription for a period of 1 year.

- b) Recommending an award on Purchase Order No. 24004706 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$16,260.00 for a state contract purchase of (12) Right Click Tools Subscription for a period of 1 year.

Funding Source: General Fund

BC2024-839

Department of Information Technology on behalf of the Department of Communications submitting an amendment to Contract No. 1910 (fka Contract No. CE1900384) with Canto, Inc. for Cloud-based Digital Asset Management System services for the period 10/28/2019 – 10/31/2024 to extend the time period to 10/31/2026, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$51,400.00, effective 10/31/2024.

Funding Source: General Fund

BC2024-840

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$100,000.00 for a state contract purchase of bi-directional data interface enabling data-exchange between the Infor Time and Attendance System, the Galaxy Access Control System and other County systems, effective upon signatures of all parties for a period of 1 year.

- b) Recommending an award and enter into Contract No. 4949 with Integrated Precision Systems, Inc. in the amount not-to-exceed \$100,000.00 for a state contract purchase of bi-directional data interface enabling data-exchange between the Infor Time and Attendance System, the Galaxy Access Control System and other County systems, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2024-841

Cuyahoga County Law Library,

- a) Submitting an RFP exemption, which will result in a payment to Thomson Reuters West Publishing Corporation in the amount not-to-exceed \$35,354.17 for reconciliation of invoices for the purchase of various books and literature made between 8/1/2023 – 7/31/2024.

- b) Recommending a payment on Purchase Order No. 24004723 to Thomson Reuters West Publishing Corporation in the amount not-to-exceed \$35,354.17 for reconciliation of invoices for the purchase of various books and literature made between 8/1/2023 – 7/31/2024.

Funding Source: Cuyahoga County Law Library Resource Fund

BC2024-842

Sheriff's Department, submitting an assignment and assumption and an amendment to a contract for Professional Standards Software Solutions for the period 1/1/2022-12/31/2024, effective upon signatures of all parties:

- a) Contract No. 1973 with CI Technologies, Inc. for an assignment and assumption of services to Versaterm Public Safety US, Inc.
- b) Contract No. 1973 nka Contract No. 4984 with Versaterm Public Safety US, Inc. to extend the time period to 12/31/2025 and for additional funds in the amount not-to-exceed \$29,325.00.

Funding Source: General Fund

BC2024-843

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not-to-exceed \$28,600.00 for the purchase of (2) Dual Purpose Canines for Law Enforcement.
- b) Recommending an award on Purchase Order No. 24004610 to Excel K9 Services, Inc. in the total amount not-to-exceed \$28,600.00 for the purchase of (2) Dual Purpose Canines for Law Enforcement.
 - 1) (1) Trained in Patrol/Optional Detection in the amount not-to-exceed \$12,800.00.
 - 2) (1) Trained in Patrol/Narcotic Detection for US Marshals Task Force-Spring Class of 2024 in the amount not-to-exceed \$15,800.00.

Funding Source: Federal Equitable Sharing Account

BC2024-844

Sheriff's Department, submitting a Revenue Generating Agreement (via Contract No. 4977) with Village of Mayfield at a per diem rate of \$173.00 per prisoner per day for prisoner board and care services effective upon contract signatures of all parties through 12/31/2025.

Funding Source: Revenue Generating

BC2024-845

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,193.40 for management of the FY2024 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2025 – 3/31/2026.

Funding Source: 75% (\$18,895.06) Ohio Department of Public Safety Office of Criminal Justice Services and 25% (\$6,298.34) Cash Match – General Fund

BC2024-846

Department of Health and Human Services/Division of Senior and Adult Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to CareStar Learning, LLC in the amount not-to-exceed \$1,500.00 for online educational training services for Home Health Aides for the period 9/1/2024-8/31/2026.
- b) Recommending an award on Purchase Order No. 24004611 to CareStar Learning, LLC in the amount not-to-exceed \$1,500.00 for online educational training services for Home Health Aides for the period 9/1/2024-8/31/2026.

Funding Source: Health and Human Services Levy Fund

BC2024-847

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3525 (fka Contract No. 1555) with WellSky Human and Social Services Corporation for the implementation of a software solution to support automated data transfers from the PeerPlace system to WellSky Aging and Disability system fka Social Assistance Management System (SAMS) for the period 8/1/2021 – 7/31/2024 to extend the time period to 7/31/2025 to amend the original budget to include Exhibit A-1 and for additional funds in the amount not-to-exceed \$1,877.01, effective 8/1/2024.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2024-848

Department of Information Technology, on behalf of Department of Health and Human Services/ Division of Children and Family Services recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of November 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-849

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$646,311.90 for the Regional Planning Unit Project in connection with the FY2024 STOP Violence Against Women ACT Block Grant for the period 1/1/2025 – 12/31/2025.

Funding Source: FY2024 STOP Violence Against Women Act Block Grant from the Ohio Department of Public Safety, Office of Criminal Justice Services

BC2024-850

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a grant agreement with U.S. Department of Housing and Urban Development for Rapid Re-housing services for single adults in connection with the FY2022 Continuum of Care Program Competition Grant for the period 10/1/2023 – 9/30/2024 to make budget line-item revisions; no additional funds.

Funding Source: U. S. Department of Housing and Urban Development

BC2024-851

Department of Purchasing, presenting proposed purchases for the week of 11/18/2024:

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
24004764	Annual renewal of (1) year subscription for JIRA Standard and Confluence Standard term license	Department of Health and Human Services	Carahsoft Technologies Corporation	\$8,576.80	Health and Human Services Levy
24004551	(9) Replacement portable radios with related accessories and (1) multiple unit charger for the Office of Emergency Management	Department of Public Safety and Justice Services	Vasu Communications, Inc.	\$49,097.02	General Fund
24004675	(28) New headsets and (28) hook switch cables for use by the Office of Witness Victim	Department of Public Safety and Justice Services	Synergy Telcom Inc.	\$6,796.16	Health and Human Services Levy Fund
24004658	Purchase and installation of truck cap	Department of Public Works	Richard J. Enterprises Inc. dba A Better	\$5,254.00	Road and Bridge Fund

	on a 2024 Ford F250 Super Cab Truck		Truck Cap & Hitch		
--	--	--	----------------------	--	--

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services, submitting a Memorandum of Understanding with Lorain County Public Health to define the working relationship for use of the Cuyahoga County Emergency Management Storage Facility located on the grounds of the Harvard Avenue Maintenance Yard at 2501 Harvard Road, Newburg Heights and Lorain County Public Health located at 9880 Murray Ridge Road, Elyria as a Regional Drop Site to accept medical countermeasures for the Northeast Ohio Region in the event of a public health disaster or emergency, effective upon signature of all parties and remain in full force and effect unless revoked in writing.

Funding Source: n/a

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Tuesday November 12, 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) entered the room at 11:07 a.m.

Michael Chambers, Fiscal Officer, serving as Chairman

Nichole English, Administrator, Planning and Programming, Department of Public Works (Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)

Levine Ross, County Council (Alternate for Meredith Turner)

Councilmember Dale Miller

II. – REVIEW MINUTES – 11/4/2024

Michael Chambers motioned to approve the minutes from the November 4, 2024, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-812

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

Paul Herdeg, Department of Development, presented. Dale Miller commented it is a laudable goal and needs to be done; asked what the strategy and program is going to be. Trevor McAleer asked will this be the total campaign amount or is the City or other entities putting in money to increase the total campaign budget. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-812 was approved by unanimous vote.

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

Laura Simms, Department of Development, presented. Trevor McAleer asked are we going to be able to transfer the data in our existing software; asked so we're not going to have an issue extracting data from our current software to the new system; asked will that be the same case if we were ever to change in the future; asked is it in the contract with Salesforce that we own the data. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-813 was approved by unanimous vote.

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

Sara Parks Jackson, Department of Housing and Community Development, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-814 was approved by unanimous vote.

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

Sara Parks Jackson, Department of Housing and Community Development, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-815 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked what this program is used for. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-816 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-817 was approved by unanimous vote.

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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Nichole English seconded. Item BC2024-818 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented and Alida Moonen, Department of Talent Management Administration supplemented. Levine Ross asked how staff are selected to participate. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-819 was approved by unanimous vote.

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

Karen DiCarlo, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-820 was approved by unanimous vote.

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

Karen DiCarlo, Sheriff's Department, presented. Dale Miller asked why we have the contract extending through January 31 as opposed to having it end at the end of the year. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-821 was approved by unanimous vote.

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

Tanisha Gates, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Nichole English seconded. Item BC2024-822 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-823 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-824 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Levine Ross asked does each agency have a dedicated person set-up to oversee the chat functionality or how does that work. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-825 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2024-826 through BC2024-829; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

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							
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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Nichole English seconded. The motion to adjourn was unanimously approved at 11:26 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-830

Title	Public Works – Fire Extinguisher maintenance and Kitchen Hood Cleaning and Inspections
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4925	Paladin	Three (3) from approval date	\$200.000.00	TBD	TBD

Service/Item Description (include quantity if applicable).

This contract is with a vendor who can provide fire extinguisher inspection, maintenance, and replacements as well as kitchen hood cleaning, maintenance, and inspections at various County facilities.

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

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

Project Goals, Outcomes or Purpose (list 3):

This contract is supported by a vendor that can provide fire extinguisher service as well as required kitchen hood services. This contract will ensure there is continued operation within County buildings for the safety of the employees and its visitors.

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):
--------------------------	---

Paladin Protective Services 7680 Hub Parkway Valley View, OH 44125	Laura Salamon / Commercial Sales
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# <u>13735</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	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) <u>13 / 3</u>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) (State Contract Coop) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% General Fund

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

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

PW750100- 55220

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	9/1/2024
Date documents were requested from vendor:	8/12/24
Date of insurance approval from risk manager:	9/11/2024
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) Ongoing fuel purchases for vehicles

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

HISTORY (see instructions):

BC2024-831

Title	Department of Development; Cleveland-Cuyahoga Workforce Development Board; Purchase Order 24001144; Operating Support – November 18, 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 Approved/ Council's Journal Date	Approval No.
O	PO 24004728	Cleveland- Cuyahoga Workforce Development Board	11/18/2024 – 12/31/2024	\$20,000.00	Pending	Pending

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

The Department of Development is requesting approval of a purchase order with Cleveland-Cuyahoga Workforce Development Board in the amount of \$20,000.00 for the period 11/18/2024-12/31/2024.

The payment is for operating support, no services are provided directly to Cuyahoga County.

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

Project Goals, Outcomes or Purpose (list 3):

This operating support is directly related to Strategy 2.1 and Activity 2.1.3 of the Five-Year Economic Development Plan. This project aligns public, private and philanthropic partners. The Youth Mental Health Workforce Director will move the task force's recommendations forward ultimately creating a youth mental health and substance abuse workforce that is a competitive advantage for Northeast Ohio. Goals to be achieved by:

- Certified Peer Support Training Program to provide earn-and-learn experience
- Youth pipeline building with employer-led experiences and apprenticeship/paid internship opportunities
- Career pathways mapping to support prospective and incumbent workers in accessing and navigating federal and state student loan and tuition assistance programs
- Resourcing employers with tailored retention strategies

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland-Cuyahoga Workforce Development Board 1910 Carnegie Avenue Cleveland, OH 44115	Laura Chalker Chief Operating Officer

Vendor Council District: 8	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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.	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Department of Development General Fund

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

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

Provide status of project.

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

HISTORY (see instructions):

BC2024-832

Title	Oriana House Inc. T4C (Thinking for a Change)
Department or Agency Name	Corrections Planning Board, Common Pleas Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

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

Original (new)	4987	Oriana House Inc.	07/01/2024 to 06/30/2025	\$280,300.00		
----------------	------	-------------------	--------------------------	--------------	--	--

Service/Item Description (include quantity if applicable).

Research shows that recidivism is reduced when offenders use cognitive behavioral techniques to solve problems Therefore, Oriana House Inc. will provide Thinking for a Change (T4C) program services, which incorporates evidence-based cognitive behavior therapy designed to reduce thinking errors and improve justice-related outcomes for all moderate and high-risk offenders engaged with the criminal justice system. This therapy program will provide offenders with cognitive skills training to solve problems in prosocial Ways. In other words, they will recognize and identify thinking errors that lead to high-risk behavior.

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):

To provide Cognitive Skills programming to target probation violators assessed as high or moderate risk and to reduce recidivism rates in Cuyahoga County while incorporating evidence-based approaches to changing offender behavior and attitudes.

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: Oriana House, Inc. 885 East Buchtel Ave. P.O. Box 1501 Akron, OH 44309-1501	Owner, executive director, other (specify): James Lawrence, CEO
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14381</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation: \$350,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 38 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input 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 checked="" type="checkbox"/> No, please explain: Successful bidder offered to serve the most clients with the desired 2-hour services/client.	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Oriana = \$308,500 (reduced to \$280,300 due to incentives adjustment) Guidestone = \$282,706 TASC = \$238,861	<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% funded by Ohio Department of Rehabilitation and Corrections (ODRC), Community Corrections Act (CA) 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. CP285170

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

Provide status of project. Ongoing at this time.

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

Reason: Delay in approving RFP documents, which caused a delay in approval of bidder responses and contract finalization. Vendor was delayed in needed providing documentation.

Timeline

Project/Procurement Start Date (date your team started working on this item): January 9, 2024

Date documents were requested from vendor: August 8, 2024

Date of insurance approval from risk manager: October 29, 2024

Date Department of Law approved Contract: October 21, 2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None

If late, have services begun? No Yes (if yes, please explain) Need to continue services benefiting offenders.

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

HISTORY (see instructions): N/A – new contract

BC2024-833

Title	PO24000337STAC- 2024-Procurement of 22 Laptops 44 Monitors for Sheriff's Department
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.
	PO24000337 STAC	MNJ Technologies Direct	2024	\$51,194.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

Department of Information Technology plans to contract MNJ Technologies Direct, for the purchase of 22 laptops, 22 docking stations with 44 monitors, 22 carrying cases in the amount of \$51,194.00 on behalf of Sheriff's department.

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): Procurement of: County Standard Laptops. Quantity 22 County Standard Monitors. Quantity 44 Absolute Data and Device Security. Quantity 22 HP Care Packs. Quantity 22 HP USD Docks. Quantity 22 HP Carrying Case. Quantity 22

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 Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534486 expires on 7.2.2028 STS033 Contract # 534486 expires on 7.2.2028 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS033 Contract # 534486 expires on 7.2.2028

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. SH285180 SH-FESA-DOJ
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):

BC2024-834

Title	IT Standard Desktops, Laptops, Monitors and Essential Peripherals
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.
	24004316 STAC	MNJ Technologies Direct, Inc.		\$416,769.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for IT Standard Desktops, Laptops, Monitors and Essential Peripherals in the amount of \$416,769.00.</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 checked="" type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for IT Standard Desktops, Laptops, Monitors and Essential Peripherals in the amount of \$416,769.00.</p> <p>This purchase includes laptops, desktops, laptop chargers, curved monitors, desktop cords, workstations, HP Absolute DDS, HP Carepack, and docking stations. To meet growing operational demands and ensure smooth workflows, the Department of Information Technology needs to purchase additional desktops, laptops, monitors, and essential peripherals. This hardware is critical for ongoing operations, supporting key projects, onboarding new staff, and maintaining productivity across teams.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. A formal process was conducted by the State of Ohio. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. MNJ Technologies is able to provide the County with Ohio State term schedule contract pricing. Additionally, this procurement has been vetted by IT leadership and is expected to be funded from the 2024 budget. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date OH STS contract #534486 expires on July 2, 2028. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
--	---

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100140
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-835

Title	New Hardware for the Security and Engineering Teams
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.
	24004683 STAC	MNJ Technologies Direct		\$147,054.50	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for New Hardware for the Security and Engineering Teams in the amount of \$147,054.50.</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: unknown How will replaced items be disposed of? Per ORC terms</p>
<p>Project Goals, Outcomes or Purpose (list 3): This purchase for new hardware is necessary as the current equipment is outdated and nearing end of operational life.</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):
MN Technologies Direct 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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

RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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, Inc. is able to provide Cuyahoga County with the requested items using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date OH STS contract #534354 expires on December 19, 2026. OH STS #434486 expires 07/02/2028. OH STS #534515 expires 04/05/2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% General Fund IT100135

Is funding for this included in the approved budget? 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.

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2024-836

Title	VMWare Cloud Foundation 5 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.
	24004699 GOVP	The Ohio State University dba OARnet	07/31/2024 – 0730/2024	\$126,516.48	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with The Ohio State University dba OARnet, for the time period of July 31, 2024 – July 30, 2025 for VMWare Cloud Foundation 5 Subscription in the amount of \$126,516.48.</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):</p> <p>VMWare provides the capabilities for the Department of IT (DoIT) to use and manage virtual machines to support County business applications verse having physical servers – DoIT currently has 350-400 servers using virtualized technology.</p>

<p>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):
The Ohio State University dba OARnet 1224 Kinnear Road Columbus, Ohio 43212	Kim Ferguson Business Relationship Manager
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>The Department of Information Technology is using the exemption process as the subscription term has already begun. Additionally, an alternative procurement process, which authorizes a PO be awarded to VM resellers, was approved under BC2024-556. *See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input checked="" type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) _____ / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input 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. IT100140
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Early this year Broadcom bought VMWare and halted all existing reseller agreements, while the County was in process of renewing support. Broadcom issued a "do not deny" support for any customers that had in flight

agreements globally. This is not a typical situation as Broadcom bought VMware and halted all quotes until new pricing was aligned. Pricing is available and future renewals/purchases should be on time as usual.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/06/2023
Date documents were requested from vendor:	11/06/2023
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Subscription is backdated to begin 7/31/2024.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): An alternative procurement process, which authorizes a PO be awarded to VM resellers, was approved under BC2024-556.

BC2024-837

Title	PO24004705JCOP- 2024-Procurement of Zebra Tablets for Security Team
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.
	PO24004705 JCOP	MNJ Technologies Direct	2024	\$25,744.20	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with MNJ Technologies Direct, for Zebra Rugged Tablets in the amount of \$25,744.20 for IT Security and Engineering Teams.
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):

Procurement of:
 Zebra RUGGED TABLET 6
 Zebra Adapter 6
 Zebra Attachable accessories 6
 Zebra AC adapter 6
 Zebra One Care 6

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.*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 ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100135
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2024-838

Title	Right Click Tools 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 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.
	24004706 STAC	MNJ Technologies Direct, Inc.	12 Months	\$16,260.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Right Click Tools Subscription in the amount of \$16,260.00.
 Right Click software teams at a cost of \$16,260. This software provides powerful reporting features that improve visibility into device compliance, security, and health within Microsoft Endpoint Management tools.

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

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

Project Goals, Outcomes or Purpose (list 3):
 This software provides powerful reporting features that improve visibility into device compliance, security, and health within Microsoft Endpoint Management tools.

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

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

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

<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>MNJ Technologies Direct, Inc. is able to provide Cuyahoga County with the requested subscription using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. OH STS contract #534354 expires on December 19, 2026.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) /</p>	<p><input checked="" type="checkbox"/> State Contract, list STS number and expiration date contract #534354 expires on December 19, 2026.</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

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

100% General Fund IT100135, IT100180
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-839

Title	CM1910- 2024- Amendment 2 of CANTO Inc. for Multimedia Communications
Department or Agency Name	The Department 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	CE1900384	CANTO Inc	11/08/2019-10/27/2021	\$24,400.00	10.28.2019	BC2019-774
A-1	1910	CANTO Inc	10/28/2021-10/31/2024	\$36,600.00	10.25.2021	BC2021-600

A-2	1910	CANTO Inc	10/31/2024-10/31/2026	\$51,400.00	PENDING	PENDING
-----	------	-----------	-----------------------	-------------	---------	---------

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to amend Contract No. 1910 with CANTO, Inc. to extend time period 10/31/2024-10/31/2026 for Subscription Services in the amount of \$51,400.00 on behalf of Multimedia Communications.
CANTO can provide a repository in which the multimedia team can efficiently store, organize, manage, access and distribute large numbers of digital assets to internal and external clients. With the large quantity of digital files, the team needed a scalable enterprise solution to streamline the management of these assets.

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

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

Project Goals, Outcomes or Purpose (list 3):
1. Renewal of Canto Inc Subscription services.

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

Vendor Name and address:	Owner, executive director, other (specify):
CANTO, Inc. 625 Market Street, Suite 600, San Francisco, California 94105	Leonidas Foras 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. The request is for an amendment for an existing approved contract. Other procurement methods were not appropriate to utilize for a contract amendment. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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) CE1900384 <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
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor was not able to renew AIG registration in time. Due to staff turn over they were not able to access emails.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7.23.2024
Date documents were requested from vendor:	7.23.2024
Date of insurance approval from risk manager:	9.17.2024
Date Department of Law approved Contract:	10.22.2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Item was rejected by due to being submitted later than contract expiration date.

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

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

HISTORY (see instructions): see chart above

BC2024-840

Title	CM4949- 2024-2025- Contract- Integrated Precision Systems- Bi-directional interface between Infor & System Galaxy
Department or Agency Name	Department of Information Technology
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4949	Integrated Precision Systems	Effective Date – 1 year from Effective Date* Approx- 11.20.2024- 11.19.2025	\$100,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with Integrated Precision Systems, for Bi-directional interface between Infor & System Galaxy in the amount of Not to exceed \$100,000.00.

Bi-directional data interface enables data-exchange between the Infor Time and Attendance system and the System Galaxy Control System (i.e., photo ID, access control "swipe card" systems) to the County.

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):
Bi-directional interface between Infor & System Galaxy—Custom Software Development

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):
8555 Sweet Valley Dr Ste B Valley View OH 44125	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 able to provide Cuyahoga County the requested hardware using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award: IPS Ohio State Term Contract #: 010018 Contract end date: 1/31/2025 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date IPS Ohio State Term Contract #: 010018 Contract end date: 1/31/2025 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100500
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):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM3232	Integrated Precision Systems, Inc.	effective upon signatures of all parties for a	\$119,272.50	5/1/2023	BC2023-271

			period of 1 year			
--	--	--	------------------	--	--	--

BC2024-841

Title	Cuyahoga County Division of Cuyahoga County Law Library plans to contract with Thomson Reuters, dba West Publishing Corporation, for the purchase of law books.
Department or Agency Name	Cuyahoga County Law Library
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	24004723	Thomson Reuters, dba West Publishing Corporation	08/01/2023-7/31/2024	\$35,354.17	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Law Library is requesting a Purchase Order for the purchase of 33 legal books. The vendor sent an incorrect invoice, and the Law Library is working to resolve invoicing issues with the vendor. The vendor has corrected all prior problems.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Keeping current on law books and journals, these books are updated frequently. Lawyers rely on current information to make committed legal decisions and avoid malpractice.</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):

Thomson Reuters, dba West Publishing Corporation 610 Opperman Drive Eagan, MN 55123	John Traini
Vendor Council District:	Project Council District:
Council District County Wide	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. *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 Cuyahoga County Law Library Resource Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
LL285100 54000

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

Provide status of project.

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

Reason: On 5/3/23, the vendor sent an incorrect invoice for the period 8/1/23-7/31/24. When the Law Library questioned it in May of 2023, the vendor erroneously claimed that it was correct and that the Law Library owed allegedly outstanding invoices for prior periods from 2020 through 2023, all of which the Law Library had previously paid. The Law Library immediately started working with the vendor to correct the invoice for the period 8/1/23-7/31/24 and clear all of the old charges. When the vendor thereafter threatened to increase charges for the period 8/1/23-7/31/24 by \$14,000.00, the Law Library refused in good conscience pay the vendor any money for the period 8/1/23-7/31/24 until all prior charges were cleared and a corrected invoice for the period 8/1/23-7/31/24 was sent. The Law Library finally received a corrected invoice with a \$660.83 credit on 8/9/24, and all old charges were finally cleared on 10/1/24. The Law Library started to process the corrected invoice immediately, but, despite being told that our staff was set up to create requisitions, no one could do it in NFOR. The Law Library tried to work through tickets with the County, but that was unsuccessful. Failing that, the Law Library submitted the following form with all required documentation: ERP Requisition Entry Request (For Use by Departments with No Dedicated Requester in the ERP System). We thereafter worked with Paul Porter, who told us to withdraw that form, and he found another department to create our documentation for us. That is how our invoice was ultimately submitted.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	May 2023
Date documents were requested from vendor:	May 2023
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) Purchase of current law books	
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-#1)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A-1	CM463	West Publishing Patron	06/01/2022-5/31/2023	\$78,204.00	5/12/2022	BC2022-285

BC2024-842

Title	CHANGING VENDOR NAME FROM CI TECHNOLOGIES TO VERSATERM
Department or Agency Name	SHERIFF'S
Requested Action	<input checked="" 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 checked="" type="checkbox"/> Other (please specify): CHANGING VENDOR NAME

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1973	CI TECHNOLOGIES/	1/1/22 – 12/31/24	\$138,100.00	12/18/21	BC2021-758
n/a	1973	Assignment and Assumption to Versaterm Public Safety US, Inc.	1/1/22 – 12/31/24	\$0	CURRENT ITEM	
1	4984	VERSATERM	1/1/22-12/31/25	\$29,325	CURRENT ITEM	

Service/Item Description (include quantity if applicable). UPDATING VENDOR NAME AND AMENDING TO ADD TIME AND FUNDS.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): UPDATE VENDOR NAME AND AMEND TO ADD TIME AND FUNDS.

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):
VERSATERM PUBLIC SAFETY US, INC. 1 N. MACDONALD, SUITE 500 MESA, AZ 85201	NATALYA GUERIN, ATTORNEY
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# <u> 6967 </u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 8/27/21	Provide a short summary for not using competitive bid process. Existing agreement. *See Justification for additional information.
The total value of the solicitation: \$138,100	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (12%) DBE (12%) 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 type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A RFP	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A RFP	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Update vendor name

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

Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% GENERAL FUND
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100115, SH100140, SH745100
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. ACTIVE 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: N/A
Timeline
Project/Procurement Start Date (date your team started working on this item): 8/5/24
Date documents were requested from vendor: 8/5/24
Date of insurance approval from risk manager: 8/5/24
Date Department of Law approved Contract: 8/5/24
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

BC2024-843

Title	Sheriff's Department Law Enforcement canines
Department or Agency Name	Sheriff
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.
	24004610 EXMT	Excel K9 Services		\$28,600		

Service/Item Description (include quantity if applicable).
 Sheriff's Department request to purchase a Law Enforcement canine.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Purchase of a canine for Law Enforcement.

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):
EXCEL K9 SERVICES 6465 WINCHELL RD. HIRAM, OH 44234	Paul J. Shaughnessy 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. *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. 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. SH285180
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):

BC2024-844

Title	MAYFIELD VILLAGE PRISONER BOARD & CARE
Department or Agency Name	SHERIFF'S
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	4977	MAYFIELD VILLAGE	EFFECTIVE DATE – 12/31/2025	REVENUE GENERATING anticipated \$10,000.00 \$173.00 per day per prisoner	CURRENT ITEM	

Service/Item Description (include quantity if applicable). PRISONER BOARD AND CARE SERVICES BEING PROVIDED TO MAYFIELD VILLAGE.
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) PRISONER BOARD AND CARE SERVICES BEING PROVIDED TO MAYFIELD VILLAGE.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): THE PRIMARY GOAL OF THE PROJECT IS JAIL REGIONALIZATION.

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):
Mayfield Village Police Department 620 SOM Center Road Mayfield Village, Ohio 44143	Paul J. Matias Chief of Police
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. THIS IS A REVENUE GENERATING AGREEMENT WITH A LOCAL MUNICIPALITY AND COULD NOT BE COMPETITIVELY BID OUT. *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 checked="" type="checkbox"/> Other Procurement Method, please describe: REVENUE GENERATING

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? No Yes, answer the below questions.

Are the purchases compatible with the new ERP system? Yes No, please explain.

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

REVENUE GENERATING (UPTO \$10,000)

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

REVENUE GENERATING

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

N/A

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

Provide status of project.

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

Reason: N/A

Timeline

Project/Procurement Start Date (date your team started working on this item):	4/11/24
Date documents were requested from vendor:	4/12/24
Date of insurance approval from risk manager:	4/15/24
Date Department of Law approved Contract:	4/15/24

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? No Yes (if yes, please explain)

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

HISTORY (see instructions): N/A

BC2024-845

TITLE	Public Safety and Justice Services, 2024, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$18,895.06.
DEPARTMENT OR	Cuyahoga County Public Safety and Justice Services

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Violence Against Women Act Grant	1/1/2025 – 3/31/2026	\$18,895.06	10/23/2023	CON2023-661
AMENDMENT (A-1)					
AMENDMENT (A-)					

<p>DESCRIPTION/ EXPLANATION OF THE GRANT:</p>	<p>Public Safety and Justice Services, 2024, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$18,895.06</p> <p>The VAWA Administration Grant will consist of the following components:</p> <ol style="list-style-type: none"> 1. Salaries and fringes (calculated at a minimum of 18%) for a Budget Officer and a Program Officer to administer the VAWA Block Grant. Activities will consist of the following: <ol style="list-style-type: none"> A. Completing all County required fiscal activities relative to internal index codes, subobject codes and fiscal processing B. Review and approve for processing of payments for the monthly financial reports submitted by the providers for reimbursement based on allowable expenses under the project. C. Reconciliation of budget versus actuals D. Submit budget adjustment request as needed for the VAWA Administrative and Block grants
---	---

	<p>E. Submit financial reports on a quarterly basis and request for the reimbursement of funds expended for the quarter being reported</p> <p>F. Maintain electronic and hard copy of all financial and programmatic files</p> <p>G. Prepare contracts to be submitted to the providers for execution</p> <p>H. Monitors contracts for compliance</p> <p>I. Submits the program reports quarterly for the VAWA Block grant</p> <p>J. Submits program reports quarterly for the VAWA RPU Grant</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The goal of the funding for the grant is to manage the VAWA Block funding through programmatic oversight and fiscal management of subrecipients.
	Management of subrecipients monthly reporting and conduction site visits.
	Preparing monthly and yearly reports to submit to the state.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety /Office of Criminal Justice Services
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match. The amount of \$6,298.35 is the required match. It will come from the County General Fund.

BC2024-846

Title	Exempt Purchase for vendor; CareStar, Inc. for future services	
Department or Agency Name	Department of Health and Human Services, Department of Senior and Adult 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.
O	24004611	CareStar, Inc	9/1/2024-8/31/2026	\$1,500.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 Invoice for future services rendered because of low dollar amount; agency felt that purchase order was sufficient as opposed to doing another contract with them. They provide online Health Aide Training.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Provide Online Health Aide Training
 Ensure Home Health Aides complete the required number of service hours to maintain certification and licensing.
 Completed on their time schedule.

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):
CareStar, Inc. 5566 Chevoit Road Cincinnati, OH 45247	Waleed Fadayerl
Vendor Council District: N/A	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Health and Human Services Levy- 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.
 HS260270 53000 UCH09520

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	10/21/2024
Date documents were requested from vendor:	10/21/2024
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 information

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	CM1782	CareStar, Inc	9/1/2021-8/31/2024	\$2,000.00	9/27/2021	BC2021-530

BC2024-847

Title	DIVISION OF SENIOR AND ADULT SERVICES (DSAS); WELLSKY HUMAN AND SOCIAL SERVICES COPRPORATION – 2024/2025 SECOND AMENDMENT FOR SOFTWARE SOLUTION SERVICES SUPPORT
Department or Agency Name	DIVISION OF SENIOR AND ADULT SERVICES
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	1555	WellSky Health and Human Services Corporation	8/1/2021 – 7/31/2024	\$10,462.50	8/2/2021	BC2021 - 409
A-1	3525	WellSky Health and Human Services Corporation	8/1/2021 – 7/31/2024	\$112.63	2/13/2023	Item No. 4
A-2	3525	WellSky Health and Human Services Corporation	8/1/2024 – 7/31/2025	\$1,877.01	Pending	Pending

Service/Item Description (include quantity if applicable).

DSAS sought technical services from WellSky to implement a solution to support periodic, on-demand imports of data from its PeerPlace system into the Western Reserve Area Agency on Aging data residing in the Ohio Department on Aging WellSky database.

The goal of the solution is to reduce redundant entry of client data in both the PeerPlace database and the WellSky database by using scheduled automated imports of select data.

Second amendment in the amount of \$1,877.01 to extend through 7/31/2025.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Reduce duplicate data entry by both internal staff and external vendors
- Enable the PeerPlace system to transfer data to the SAMS system

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):
WellSky Human and Social Services Corporation	Stephen Greenberg, Owner

11300 Switzer Rd Overland Park, KS 66210	
Vendor Council District:	Project Council District:
N/A	varies
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) 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: 8/29/2024
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

100% Health and Human Services Levy

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

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

HS260110

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

Provide status of project.
this is a second amendment to add funding and extend time to an existing contract (CM#3525) in which services are currently being rendered.

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

Reason:
This contract amendment is late due to a miscommunication in delegation of assignment. It was an oversight and miscommunication at an intensely engaging contracting period in DCAP. Upon discovery, the contract was quickly assigned, presented and approved for Tac while the vendor was simultaneously engaged for document collection and contract signage.

Timeline

Project/Procurement Start Date (date your team started working on this item):	Received assignment 8/26/2024
Date documents were requested from vendor:	8/27/2024
Date of insurance approval from risk manager:	10/8/2024
Date Department of Law approved Contract:	9/9/2024

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) this is a second amendment to add funding and extend time to an existing contract (CM#3525) in which services are currently being rendered.

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

HISTORY (see instructions): see chart above

BC2024-848

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

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:
Info@Ret3.org
 1814 E. 40th Street
 Cleveland, Ohio 44103
 Kenny Kovach-Director

Make	Model	Type	Quantity
Cisco	7941/7942	Phones	159
Cisco	7961/7962	Phones	13
Cisco	7975	Phones	1
Cisco	8811	Phones	2
Cisco	8945	Phones	1

BC2024-849

TITLE	Authority to Apply for FY24 Violence Against Women Act (VAWA) Block Grant
DEPARTMENT OR	Cuyahoga County Public Safety and Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input 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)
--	---

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Violence Against Women Act Grant	1/1/2025 – 12/31/2025	\$646,311.90	10/23/2023	CON2023-111
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The VAWA Grant creates and supports comprehensive, cost-effective responses to domestic violence, sexual assault, dating violence and stalking. It builds on existing protections and programs to better meet survivors’ needs.				
	The goal of the funding for the grant is to allocate funding to the projects selected by the VAWA Allocation Committee.				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The subgrant programs emphasizes coordinated community approaches to reduce violence against women and others to create mutually respectful partnerships between the justice system and victim services
	Aims to dramatically improve federal, tribal, state and local responses the domestic violence crime.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	City of Cleveland – Prosecution 1300 Ontario St. Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Mr. Mark Griffin, Director of Law
SUBRECIPIENT'S COUNCIL DISTRICT:	District 1 and 3
DOLLAR AMOUNT ALLOCATED:	161,577.97
PROJECT COUNCIL DISTRICT:	District 1-11
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario St. Cleveland, Ohio 44113 Throughout Cuyahoga County

SUBRECIPIENT'S NAME AND ADDRESS:	City of Cleveland Division of Police – Law Enforcement
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Director Karrie Howard, Public Safety Director
SUBRECIPIENT'S COUNCIL DISTRICT:	District 1- 11
DOLLAR AMOUNT ALLOCATED:	\$114,646.43
PROJECT COUNCIL DISTRICT:	All in Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario St. Cleveland, Ohio 44113 Throughout Cuyahoga County

SUBRECIPIENT'S NAME AND ADDRESS:	City of Cleveland Division of Police Law Enforcement - Sexual Assault Advocate
----------------------------------	--

LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Director Karrie Howard, Public Safety Director
SUBRECIPIENT'S COUNCIL DISTRICT:	District 1 - 11
DOLLAR AMOUNT ALLOCATED:	\$46,931.54
PROJECT COUNCIL DISTRICT:	All in Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario St. Cleveland, Ohio 44113 All throughout Cuyahoga County

SUBRECIPIENT'S NAME AND ADDRESS:	Cleveland Rape Crisis Center
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Sarah Trimble, Chief External Affairs Officer
SUBRECIPIENT'S COUNCIL DISTRICT:	District 7
DOLLAR AMOUNT ALLOCATED:	\$126,229.42
PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	2937 West 25 th , 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 9
DOLLAR AMOUNT ALLOCATED:	\$51,100.89
PROJECT COUNCIL DISTRICT:	9
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY	

GRANT/PROJECT, IF APPLICABLE.	
-------------------------------	--

SUBRECIPIENT'S NAME AND ADDRESS:	Journey Center for Safety and Healing PO Box 5466, Cleveland, Ohio 44101
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Carrie Joseph, Prevention and Community Education Manager
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$113,510.05
PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga County Domestic Relations Court, 1 West Lakeside Avenue, Cleveland Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan K Sweeney, Grant Administrator Communications and Human Resource Development
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$32,315.60
PROJECT COUNCIL DISTRICT:	District 1-11
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Throughout Cuyahoga County

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety /Office of Criminal Justice 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.

BC2024-850

TITLE	RAPID REHOUSING FOR SINGLES GRANT - FY22 HOMELESS CONTINUUM OF CARE - REQUEST TO AMEND GRANT AGREEMENT FOR BUDGET LINE REVISIONS
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<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 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 checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
---	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Rapid Rehousing for Singles	10/1/23 – 9/30/24	\$544,821.00	7/31/23	CON2023-86
AMENDMENT (A-1)	Rapid Rehousing for Singles	10/1/23 – 9/30/24	\$544,821.00	Pending	
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>OHS received a grant through the FY2023 US Department of Housing and Urban Development Continuum of Care Competition. Rapid Rehousing for Singles is designed to rapidly connect single adults experiencing literal homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.</p> <p>This is an amendment to the grant to shift funds from the rental assistance budget line item to the supportive services budget line to cover increased supportive services costs. Although the grant term has ended, HUD allows for back billing up to 90 days after the end of the grant.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Facilitate a rapid exit from shelter to permanent housing using a housing-first approach
	Provide ongoing rental assistance and case management to homeless single adults
	Support housing stability through coordination with community-based resources Refer anyone needing immediate shelter to an appropriate shelter resource

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.

FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Salvation Army
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Michael Southwick, Secretary 1710 Prospect Ave Cleveland, OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$550,101.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

C. - Consent Agenda

BC2024-851

(See related items for proposed purchases for the week of 11/18/2024 In Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	2024 MOU for Regional Drop Site with Lorain County Public Health
DEPARTMENT OR AGENCY NAME	Public Safety and Justice Services

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU)
------------------	---

	<input type="checkbox"/> MOU Amendment
--	--

CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Lorain County Public Health	Upon execution and reviewed on an annual basis	Pending	Pending
Amendment (A)				

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	In the event of a public health emergency or incident, LCPH shall be permitted to occupy the SF for the purpose of a Regional Drop Site (RDS) to accept medical countermeasures for the Northeast Ohio Region.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	In the event of an emergency Lorain County Public Health will be able to use the site provided by the County to countermeasure the relevant public health incident.

VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Lorain County Public Health 9880 Murray Ridge Road Elyria, Ohio 44035
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Mark Adams Health Commissioner
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	All
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	All
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	All

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	

VI – PUBLIC COMMENT

VII – ADJOURNMENT