



**Cuyahoga County Board of Control Agenda
Monday, December 23, 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 – 12/16/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-965

Department of Public Works,

- a) Requesting authority to apply for grant funds from Northeast Ohio Regional Sewer District in the amount of \$2,054,076.68 for Fitch Road Sanitary Sewer Extension Project in connection with Member Community Infrastructure Grant Program for the period 1/1/2025 through project completion.
- b) Submitting a Member Community Infrastructure Grant Program Agreement with Northeast Ohio Regional Sewer District in the amount of \$2,054,076.68 for Fitch Road Sanitary Sewer Extension Project in connection with Member Community Infrastructure Grant Program for the period 1/1/2025 through project completion.

Funding Source: 52% non-District matching funds

BC2024-966

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Montrose Ford Inc. in the amount not-to-exceed \$186,148.00 for a state contract purchase of (4) 2025 Ford Interceptors for use by the Sanitary Division.

- b) Recommending an award on Purchase Order No. 24004967 to Montrose Ford Inc. in the amount not-to-exceed \$186,148.00 for a state contract purchase of (4) 2025 Ford Interceptors for use by the Sanitary Division.

Funding Source: Sanitary Sewer Fund

BC2024-967

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Home Depot U.S.A, Inc. in the total amount not-to-exceed \$49,500.00 for routine equipment and material purchases for the period 1/1/2025 – 12/31/2025 for various divisions:
 - 1) Facilities Division in the amount not-to-exceed \$27,500.00
 - 2) Road and Bridge Division in the amount not-to-exceed \$2,000.00
 - 3) Road and Bridge – Fleet Division in the amount not-to-exceed \$2,000.00
 - 4) Sanitary Division in the amount not-to-exceed \$14,000.00
 - 5) Animal Shelter in the amount not-to-exceed \$4,000.00

- b) Recommending an award on Purchase Order No. 24005177 to Home Depot U.S.A., Inc. in the total amount not-to-exceed \$49,500.00 for routine equipment and material purchases for various divisions, as listed above.

Funding Source: 67.68% General Fund, 4.04% Road and Bridge Fund, 28.28% Sanitary Sewer Fund

BC2024-968

Department of Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to PenWill Group, LLC in the amount not-to-exceed \$287,500.00 for technical assistance, administrative support for the Office of Small Business and outreach support to Small Business Entities for the period effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 4966 with PenWill Group, LLC in the amount not-to-exceed \$287,500.00 for technical assistance, administrative support for the Office of Small Business and outreach support to Small Business Entities for the period effective upon signatures of all parties for a period of 1 year.

Funding Source: Economic Development Fund

BC2024-969

Fiscal Office on behalf of the County Executive’s Office, recommending an award on RQ14878 and enter into Contract No. 5052 with Cypress Partners LLC (20-3) in the amount not-to-exceed \$147,000.00 for state advocacy services for the period 1/1/2025-12/31/2026.

Funding Source: 34% General Fund; 33% Road and Bridge Fund; 33% Health and Human Services Levy

BC2024-970

Department of Information Technology, submitting an amendment to Contract No. 1181 (fka Contract No. CE1900169) with AT&T Corporation for Measured business line services for the period 1/1/2019 – 12/31/2024 to extend the time period to 12/31/2025, to change the terms, effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$462,000.00.

Funding Source: General Fund

BC2024-971

Department of Information Technology, submitting an amendment to Contract No. 3104 (fka 998 and CE1400329) with Charter Communications Operating, LLC dba Spectrum for dark fiber maintenance services for the period 10/1/2014 – 1/12/2025 to extend the time period to 1/12/2030, effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$284,068.64.

Funding Source: General Fund

BC2024-972

Department of Information Technology, submitting an amendment to Contract No. 4127 with Strategic Government Solutions, Inc. Identity as a Service, provided by Auth0 for the period 2/1/2024 – 12/31/2024 to extend the time period to 7/31/2026 to replace the insurance coverage and terms with Schedule 1 effective upon signatures of all parties and for additional funds in the amount not-to-exceed \$28,368.30.

Funding Source: General Fund

BC2024-973

Department of Information Technology, recommending an award on RQ14488 and enter into Contract No. 5048 with INRIX, Inc. (17-3) in the amount not-to-exceed \$51,000.00 for Third Party Data Management for Shared Mobility Devices, effective upon signatures of all parties for a period of 2 years.

Funding Source: Sustainability Projects Fund

BC2024-974

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Feathery, Inc. in the amount not-to-exceed \$20,100.00 for the purchase of Advanced Logic and API integrations, and custom domain support effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 5059 with Feathery, Inc. in the amount not-to-exceed \$20,100.00 for the purchase of Advanced Logic and API integrations, and custom domain support effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2024-975

Department of Human Resources, recommending an award on RQ14912 and enter into Contract No. 5049 with Occupational Health Centers of Ohio, P.A., Co. dba Concentra Medical Centers (25-4) in the amount not-to-exceed \$480,000.00 for drug toxicology screening, physical exams, audiograms and lead blood testing services for prospective and current County employees, for the period 1/1/2025 – 12/31/2027.

Funding Source: General Fund

BC2024-976

Department of Human Resources, recommending an award on RQ14965 and enter into Contract No. 5057 with GPI Enterprises, Inc. (81-13) in the amount not-to-exceed \$300,000.00 for temporary staffing services effective upon signatures of all parties for the period 1/1/2025 – 3/31/2028.

Funding Source: General Fund

BC2024-977

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4983 (fka Contract No. 3050 and 2739) with OhioGuidestone for diversion case management services for the period 7/1/2022 – 6/30/2024 to extend the time period to 6/30/2026 to increase the per diem rates and change the insurance requirements, effective 7/1/2024, and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: RECLAIM Grant

BC2024-978

Sheriff's Department, recommending an award and enter into Purchase Order No. 24005226 with RaySecur, Inc. in the amount not-to-exceed \$241,000.00 for a sole source purchase of (2) X-Ray devices to scan inmate mail, including delivery, installation, and a five-year warranty.

Funding Source: Commissary Funds

BC2024-979

Sheriff's Department, submitting an amendment to Agreement No. 129 (fka Agreement No. AG2000218) with Village of Highland Hills for inmate housing services for the period 1/1/2020 - 12/31/2024 to extend the time period to 12/31/2025 and to change the per diem rate from \$173.00 to \$189.34 per inmate, effective upon signatures of all parties, and for additional revenue in the estimate amount of \$10,000.00.

Funding Source: Revenue Generating

BC2024-980

Sheriff's Department, submitting an amendment to Contract No. 1397 with Lexipol, LLC for subscription-based risk management and policy manual services for the period 1/1/2022 – 12/31/2024 to extend the time period to 12/31/2025, to replace Article 6 Insurance with Exhibit B: New Article 6, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$25,427.94.

Funding Source: General Fund

BC2024-981

Sheriff Department submitting an amendment to Contract No. 3012 with The Legal News Publishing Co., Ltd. dba Daily Legal News Publishing for legal advertisements of Notice of Foreclosure Sale for delinquent land taxes, in accordance with Ohio Revised Code Section 2329.26 for the period 3/20/2023-3/19/2025 to extend the time period to 3/20/2027 and for additional funds in the amount not-to-exceed \$495,000.000.

Funding Source: General Fund

BC2024-982

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Promega Corporation in the amount not-to-exceed \$14,618.70 for the purchase of DNA kits used for forensic case work analysis.
- b) Recommending an award on Purchase Order No. 24005135 to Promega Corporation in the amount not-to-exceed \$14,618.70 for the purchase of DNA kits used for forensic case work analysis.

Funding Source: FY22 American Rescue Plan Act Crime Lab Backlog Grant

BC2024-983

Medical Examiner's Office, submitting an amendment to Contract No. 4964 with Partners in Medical Education Inc. for consulting services related to documentation review and site visit preparation for the upcoming follow-up Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025 for the period 10/28/2024 – 12/31/2024 to extend the time period to 1/30/2025, to expand the scope of services in accordance with Schedule A, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$7,100.00.

Funding Source: Coroner Lab Fund

BC2024-984

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 4457 (fka Contract No. 3900) with University of South Florida Board of Trustees for creation, implementation and maintenance of the Just-In-Time Foster Parent/Caregiver Web-Based Training Program for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025 to update Exhibits II and III to include Exhibit II-A and Exhibit III-A which represent the scope

of services and budget for the term of this amendment and for additional funds in the amount not-to-exceed \$39,557.00.

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

BC2024-985

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award and enter into Contract No. 5024 with CMT Consulting, Ltd. (74-4) in the amount not-to-exceed \$23,000.00 for targeted, digital display and video advertising and related services to promote services available for women ages 35-75 across various Cuyahoga County zip codes for the period 1/1/2025 – 12/31/2025.

Funding Source: Health and Human Services Levy

BC2024-986

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

- a) Submitting an RFP exemption, which will result in award of a Master Contract with various libraries in the total amount not-to-exceed \$289,055.90 to implement and administer the FamilySpace program for the period 1/1/2025 – 12/31/2025.
- b) Recommending an award and enter into a Master Contract with various libraries in the total amount not-to-exceed \$289,055.90 to implement and administer the FamilySpace program for the period 1/1/2025 – 12/31/2025.
 - 1) Contract No. 5001 Cuyahoga County Public Library in the amount not-to-exceed \$145,340.50.
 - 2) Contract No. 5002 Cleveland Public Library in the amount not-to-exceed \$143,715.40.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-987

Department of Health and Human Services/Division of Children and Family Services, recommending to amend Board of Control Approval No. BC2024-77 dated 1/29/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2024 in the amount not-to-exceed \$1,000,000.00 by extending the time period to 12/31/2025 and by changing the amount not-to-exceed from \$1,000,000.00 to \$1,500,000.00.

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

D. – Consent Agenda

BC2024-988

Department of Public Works, submitting an amendment to Agreement No. 1773 with Lutheran Metropolitan Ministry for food service operations at the Virgil E. Brown Building, incorporating culinary

training, work experience and wraparound therapeutic programming services to incarcerated individuals enrolled in the Culinary Arts Training and Chopping for Change Programs for the period 7/1/2021 – 12/31/2024 to extend the time period to 6/30/2025; no additional funds, effective upon contract signatures of all parties.

Funding Source: Revenue Generating

BC2024-989

Department of Human Resources submitting an amendment to Contract No. 2836 with Delta Dental Plan of Ohio, Inc. for dental insurance for County employees and their eligible dependents for the period 1/1/2023 – 12/31/2025 to replace in its entirety Section 1, Declarations, the Addendum and Contract body with new terms and rates, effective 1/1/2025; no additional funds required.

Funding Source: Self-Insurance Fund

BC2024-990

Department of Human Resources, submitting an amendment to Contract No. 4299 with Cuyahoga County Convention Facilities Development Corporation – CCCFDC for participation in the Cuyahoga County Benefits Regionalization Program for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025 and to remove Exhibit A in its entirety and replace it with Exhibit A 2025 description of services, effective upon signatures of all parties.

Funding Source: N/A

BC2024-991

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4696 with Howse Solutions, LLC for assessment of County programs related to childhood exposure to violence for the period 8/1/2024 - 11/30/2024 to extend the time period to 1/31/2025 effective upon signatures of all parties; no additional funds required.

Funding Source: Health and Human Services Levy Fund

BC2024-992

Department of Health and Human Services/Division of Children and Family Services,

- a) Requesting authority to apply for grant funds from The Mt. Sinai Health Foundation in the amount of \$400,000.00 for the Cleveland Christian Home Cuyahoga County Launch of the Child Wellness Campus effective upon signatures of all parties through 12/5/2026.
- b) Submitting a grant agreement The Mt. Sinai Health Foundation in the amount of \$400,000.00 for the Cleveland Christian Home Cuyahoga County Launch of the Child Wellness Campus effective upon signatures of all parties through 12/5/2026.

Funding Source: Mt. Sinai Health Foundation

BC2024-993

Department of Health and Human Services/Division of Senior and Adult Services, submitting Addendum No. 1 to a grant agreement with Cuyahoga County District Board of Health for Home and Community-Based Health Services and Home Health Care in connection with the FY2023 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority AIDS Initiative for the period 3/1/2023 – 2/29/2024 to extend the time period to 2/28/2025 to replace Section 3(A) regarding payment to the Sub-Recipient, to change the amount of reimbursement from \$55,471.00 to \$65,471.00, to replace Exhibit A with Exhibit A-1.

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

BC2024-994

Fiscal Department, presenting proposed travel/membership requests for the week of 12/23/2024:

Dept:	Department of Public Works							
Event:	The water and Wastewater Equipment, Treatment & Transportation Show							
Source:	Indianapolis Convention Center							
Location:	Indianapolis, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Robert Dietrich	2/17/2025 -2/21/2025	\$140.00	\$222.00	\$1,165.32	\$0.00	\$0.00	\$1,527.32	Sanitary Sewer Fund
Douglas Dietzel	2/17/2025 -2/21/2025	\$140.00	\$222.00	\$1,193.40	\$0.00	\$0.00	\$1,555.40	Sanitary Sewer Fund
Gary Green	2/17/2025 -2/21/2025	\$140.00	\$222.00	\$1,193.40	0.00	0.00	\$1,555.40	Sanitary Sewer Fund
Brandon Skufca	2/17/2025 -2/21/2025	\$140.00	\$222.00	\$1,165.32	0.00	0.00	\$1,527.32	Sanitary Sewer Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Water & Wastewater Equipment, Treatment & Transportation Show (WWETT) is the world's largest annual trade show for environmental service professionals. The event offers an unmatched educational program, an array of networking opportunities, and an extensive expo floor where buyers and sellers come together to see and experience the latest product innovations and technology.

Dept:	Department of Information Technology							
Event:	Shmoocoon							
Source:	Shmoocoon							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	1/9/2025 - 1/13/2025	\$175.00	\$300.00	\$888.00	\$267.42	\$798.00	\$2,428.42	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Shmoocoon is a 3-day conference in Washington DC ran by security professionals from around the world. The primary objectives of the conference are awareness, education, and the sharing of information. This conference is one of the larger national conferences, that attracts nationally known cybersecurity leaders to teach and speak about advanced cybersecurity topics.

Dept:	Sheriff's Department							
Event:	Counting and Certification of the Presidential Electoral College							
Source:	Washington DC Metro Police Department							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Timothy Coyne	1/5/2025- 1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
David Schlege	1/5/2025- 1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund

Darryl Day	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Eric Enk	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Peter Rivera	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Chris Hoffman	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Chris Steven	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Kyle Breiding	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Mark Flynn	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Robert Piccola	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Greg Franklin	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Ryan Spurlock	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Chris Cepik	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
James McClary	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
Chris Kozub	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund

Isen Vajusi	1/5/2025-1/7/2025	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	Law Enforcement Trust Fund
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*Paid to host

**Staff reimbursement

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

**** All Expenses will be reimbursed by Washington, D.C.

Purpose:

To provide mutual aid to the Washington DC Metro PD with Securing, counting and certification of the presidential electoral college designated NSSE Event

Dept:	Sheriff’s Department							
Event:	Fort Worth PD Tac Med Unit Shadowing							
Source:	Fort Worth PD							
Location:	Fort Worth, TX							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Matthew Sikula	2/17/2025 – 2/20/2025	\$0.00	\$200.00	\$901.01	\$0.00	\$317.96	\$1,418.97	Continued Professional Training Fund
Tyler Bunch	2/17/2025 – 2/20/2025	\$0.00	\$200.00	\$901.01	\$440.74	\$317.96	\$1,859.71	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Travel to Fort Worth TX Police Department to shadow their tactical medical unit. CCSO is attempting to start a similar unit here. The time with Fort Worth PD Tactical Medical Unit will be utilized for training and to observe how their unit is set up and how it runs, for a basis for CCSOs tactical medical unit. Corporal Wiseman from the Fort Worth TX tactical medical unit sent us an itinerary for our time in Fort Worth which has been provided. With the training and knowledge gained in Fort Worth, CCSO will have a great understanding and baseline of how to set up and operate a tactical medical unit with proficiency.

Dept:	Sheriff's Department							
Event:	Women In Command Excelling as Female Leaders							
Source:	Calibre Press							
Location:	Des Moines, IA							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Courtney Schoger	04/14/2025 – 04/16/2025	\$359.00	\$200.00	\$357.00	\$173.00	\$386.00	\$1,475.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

2-Day In-Person and 6-Hour Live, Interactive Online programs will focus on assisting women in becoming more effective leaders focused on relationships, organization and community.

Female leaders have unique ideas, insight and solutions. We will examine these qualities and offer tools to assist Current and Future Women in Command in implementing effective skills to inspire and motivate their staff with a focus on maintaining a professional, positive and inspiring climate.

Designed to help leaders maintain a professional, positive and inspiring climate, this program will offer examples of the traits and skill sets of proven, successful leaders and accomplished agencies. During both delivery methods, our team of executive level female instructors will engage in lively discussions in an open forum populated by current and future women law enforcement leaders.

BC2024-995

Department of Purchasing, presenting proposed purchases for the week of 12/23/2024:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24005520	Emergency veterinary services for the Animal Shelter for November, 2024*	Department of Public Works	VCA Great Lakes Veterinary Specialists	\$5,565.49	General Fund

V- OTHER BUSINESS

Time Sensitive/Mission Critical

BC2024-996

Department of Public Works, recommending an award on Purchase Order No. 24005232 to Rollins, Inc., dba Orkin, LLC in the amount not-to-exceed \$2,100.00 for pest control services outside the scope of the County’s existing contract with the vendor.

Funding Source: General Fund

Item of Note (non-voted)

Item No. 1

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting Addendum 2 to the grant agreement with The Cuyahoga County District Board of Health for toxicologic testing services in connection with Overdose Data to Action Grant for the period 9/1/2023 – 8/31/2025, to make budget line-item revisions and for a decrease in the amount of (\$40,000.00), effective 2/4/2025.

Funding Source: Cuyahoga County District Board of Health Grant

Item No. 2

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office, submitting a Subgrant Award from Ohio Department of Public Safety, Office of Criminal Justice Services for the FY2023 Paul Coverdell Forensic Science Improvement Formula Grant Program for the period 1/1/2024 – 12/31/2024 to extend the time period to 6/30/2025.

Funding Source: FY2023 Paul Coverdell Forensic Science Improvement Grant Program

Item No. 3

LPA 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
R2024-0337	resurfacing of Gates Mills Boulevard from Shaker Boulevard to Lander Road in the City of Pepper Pike- Council District 9	\$1,000,000.00		\$800,000.00 – Road and Bridge Fund \$200,000.00 – City of Pepper Pike	12/12/2024 (Executive)
R2024-0333	Resurfacing of Wagar Road from Hilliard Boulevard to Detroit Road in the City of Rocky River - Council District 1	\$857,560.00		\$250,000.00 Road and Bridge Fund \$607,560.00 - City of Rocky River	12/10/2024 (Executive)
R2024-0333	Resurfacing of Brush Road from Chardon Road to Northern Corporation Line in	\$300,000.00		\$150,000.00 Road and Bridge Funds \$150,000.00 - City of Richmond Heights	12/16/2024 (Executive)

	the City of Richmond Heights - Council District 11				
R2024-0333	Resurfacing of West Orange Street from Bentleyville Road to North Main Street in the Village of Chagrin Falls - Council District 6	\$400,000.00		\$200,000.00 - Road and Bridge Fund \$200,000.00 - Village of Chagrin Falls	12/16/2024 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, December 16, 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 11:03 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, 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 – 12/9/2024

Michael Chambers motioned to approve the minutes from the December 9, 2024, meeting; Mellany Seay 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

BC2024-943

Department of Public Works, submitting a Revenue Generating Agreement (via Agreement No. 5039) with City of Seven Hills in the amount not-to-exceed \$300,000.00 for maintenance and repair of storm and sanitary sewers and pumping stations, located in County Sewer District No. 2 for the period 1/1/2025 - 12/31/2025.

Funding Source: Revenue Generating

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-943 was approved by unanimous vote.

BC2024-944

Department of Public Works, submitting a Revenue Generating Agreement (via Agreement No. 5041) with City of Lakewood in the amount not-to-exceed \$300,000.00 for storm and sanitary sewer system services for the period 1/1/2025 - 12/31/2025.

Funding Source: Revenue Generating

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-944 was approved by unanimous vote.

BC2024-945

Department of Housing and Community Development, submitting an amendment to Agreement No. 4841 (fka Agreement No. 3292) with City of Lakewood for HOME funded activities for the period 5/1/2023 - 4/30/2025 for additional funds in the amount not-to-exceed \$197,549.00.

Funding Source: FY2017 HOME Investment Partnership Program Grant

Prentis Jackson, Department of Housing and Community Development, presented. Dale Miller asked where this additional money came from; so, we have additional money available that we want to put out there; commented we don't want to send funds back. Dale Miller motioned to approve the item; Levine Ross seconded. Item BC2024-945 was approved by unanimous vote.

BC2024-946

Fiscal Department, recommending an award and enter into Agreement No. 5037 with State of Ohio, Office of the Auditor, Local Government Services in the amount not-to-exceed \$110,500.00 to prepare the Comprehensive Annual Financial Report for Calendar Year 2024 for the period 1/1/2025 – 12/31/2025.

Funding Source: General Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-946 was approved by unanimous vote.

BC2024-947

Department of Equity and Inclusion, recommending an award on RQ14575 and enter into Contract No. 5034 with AskReply, Inc. dba B2Gnow (14-5) in the amount not-to-exceed \$441,258.00 for the purchase, installation and support of Supplier Diversity Management and Compliance Software Solution for the period 1/1/2025 – 12/31/2029.

Funding Source: 76.6% General Fund (Department of Development and Department of Equity and Inclusion); 11.7% Motor Vehicle License Tax Fund (Public Works) and 11.7% Community Development Block Grant (Department of Housing and Community Development)

Lenora Lockett, Department of Equity and Inclusion, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-947 was approved by unanimous vote.

BC2024-948

Department of Information Technology on behalf of the Department of Housing and Community Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$8,132.00 for a state contract purchase of (4) HP ZBook Firefly mobile workstations, each to include 5-year HP Care Pack Essential Offsite Support-Warranty, HP Absolute Data & Device Security for Educational Professional Subscription Licenses and docking stations.
- b) Recommending an award on Purchase Order No. 24004915 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$8,132.00 for a state contract purchase of (4) HP ZBook Firefly mobile workstations, each to include 5-year HP Care Pack Essential Offsite Support-Warranty, HP Absolute Data & Device Security for Educational Professional Subscription Licenses and docking stations.

Funding Source: Emergency Rental Assistance 2

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-948 was approved by unanimous vote.

BC2024-949

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to AT&T Corporation in the amount not-to-exceed \$5,751.12 for a state contract purchase of ISDN Prime network and telecommunication services for the period of 1/1/2025 – 12/31/2025.
- b) Recommending an award on Purchase Order No. 24004999 to AT&T Corporation in the amount not-to-exceed \$5,751.12 for a state contract purchase of ISDN Prime network and telecommunication services for the period of 1/1/2025 – 12/31/2025.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-949 was approved by unanimous vote.

BC2024-950

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$36,040.19 for a state contract purchase of (3) Axis panoramic cameras each to include licensing and support services for a period of 1 year and (12) card readers, miscellaneous equipment, installation, programming and set-up at 1801 Superior Avenue, Cleveland.

- b) Recommending an award on Purchase Order No. 24005029 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$36,040.19 for a state contract purchase of (3) Axis panoramic cameras each to include licensing and support services for a period of 1 year and (12) card readers, miscellaneous equipment, installation, programming and set-up at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

David DeGrandis, Department of Information Technology, presented. Dale Miller asked in the prepared response it said there is a meeting on 12/13/2024 where we would have a better idea of the progress, is there anything you learn from that meeting. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-950 was approved by unanimous vote.

BC2024-951

Department of Information Technology, submitting an amendment to Contract No. 1086 (formerly CE1500162) with AT&T Corp. for Centrex telephone and messaging services for the period 6/1/2014 – 12/31/2024 to extend the time period to 12/31/2025 to change the terms, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$400,000.00.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. Dale Miller asked did AT&T give us a date as to when they're no longer going to support the Centrex system; commented hopefully it'll be a while yet. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-951 was approved by unanimous vote.

BC2024-952

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 \$39,252.84 for the purchase of various books and literature used within the collection of the Cuyahoga County Law Library for the period 8/1/2024 – 7/31/2025.
- b) Recommending a payment on Purchase Order No. 24005081 to Thomson Reuters West Publishing Corporation in the amount not-to-exceed \$39,252.84 for the purchase of various books and literature used within the collection of the Cuyahoga County Law Library for the period 8/1/2024 – 7/31/2025.

Funding Source: Cuyahoga County Law Library Resource Fund

Kathleen Dugan, Cuyahoga County Law Library, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2024-952 was approved by unanimous vote.

BC2024-953

Medical Examiner's Office, submitting an amendment to Contract No. 4653 with Alexa Rae Oehlers for pathology assistant services for the period 6/17/2024 – 12/31/2024 to extend the time period to 6/30/2025 and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. Dale Miller commented so this is a contract and not a hiring; asked could we find a person we could hire to do these services rather than having to do a contract which is always more expensive; asked is it unlikely we'll need a majority of the \$25k. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-953 was approved by unanimous vote.

BC2024-954

Department of Public Safety and Justice Services, recommending an award on RQ14891 and enter into Purchases Order No. 24004567 with Infinite Protection LTD (28-4) in the amount not-to-exceed \$48,000.00 for the purchase of (1) Mobile Security Camera Trailer for Cleveland Metropolitan Park District Police Department.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

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 BC2024-954 was approved by unanimous vote.

BC2024-955

Department of Public Safety and Justice Services, recommending an award on RQ15095 and enter into Purchases Order No. 24005094 with ADEN Combat Systems (24-5) in the amount not-to-exceed \$25,137.00 for the purchase of (9) Ballistic Shields for the Westshore Enforcement Bureau SWAT team.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-955 was approved by unanimous vote.

BC2024-956

Department of Health and Human Services and Department of Public Safety and Justice Services/Office of Emergency Management, submitting a Grant Agreement with Greater Cleveland Food Bank, Inc. (via Contract No. 5038) in the amount not-to-exceed \$45,000.00 to provide funding for a tabletop exercise and to establish a Crisis Recovery Food Response Fund effective upon contract signatures of all parties through 11/1/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-956 was approved by unanimous vote.

BC2024-957

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

- a) Submitting an RFP exemption, which will result in a payment to Cleveland Center for Arts and Technology dba New Bridge Cleveland in the amount not-to-exceed \$15,474.98 as final payment for the period 9/1/2023 – 9/30/2023 for services rendered under the SNAP (Supplemental Nutrition Assistance Program) to Skills Employment and Training services contract for the period 10/1/2020 – 9/30/2023.
- b) Recommending a payment on Purchase Order No. 24004082 to Cleveland Center for Arts and Technology dba New Bridge Cleveland in the amount not-to-exceed \$15,474.98 as final payment for the period 9/1/2023 – 9/30/2023 for services rendered under the SNAP (Supplemental Nutrition Assistance Program) to Skills Employment and Training services contract for the period 10/1/2020 – 9/30/2023.

Funding Source: Federal Food Assistance Employment and Training

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-957 was approved by unanimous vote.

BC2024-958

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to The Centers for Families and Children in the amount not-to-exceed \$451,200.00 for payment of October 2024 invoices for services rendered following the expiration of the Master Contract Short-Term Emergency Child Care services for children in custody of (DCFS).
- b) Recommending an award on Purchase Order No. 24005234 to The Centers for Families and Children in the amount not-to-exceed \$451,200.00 for payment of October 2024 invoices for services rendered following the expiration of the Master Contract for Short-Term Emergency Child Care services for children in custody of (DCFS).

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

Dan Basta, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-958 was approved by unanimous vote.

BC2024-959

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to Contract No. 3054 (fka Contract No. 1983) with Oriana House, Inc. for administration and operation of the Neighborhood Reentry Resource Center and the Adult Transition Model for the period 7/1/2021 – 12/31/2024 to extend the time period to 12/31/2026, to expand the scope of services in accordance with Exhibit 5-A for 100-day housing plan services and to add Exhibit 6-A representing the budget for this amendment, to include terms for an advance payment and monthly reporting, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$200,000.00.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-959 was approved by unanimous vote.

BC2024-960

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$10,000.00 for Landlord Risk Mitigation Program services effective upon signatures of all parties through 6/30/2025.
- b) Recommending an award and enter into Contract No. 5020 with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$10,000.00 for Landlord Risk Mitigation Program services effective upon signatures of all parties through 6/30/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Trevor McAleer asked if there is damage what is the funding source of the actual fund itself that will be used to pay the landlord; asked do you know the balance of what the state provided for that. The Presenter will try to obtain the information. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-960 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. BC2024-961 through BC2024-964; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-961

Department of Housing and Community Development, submitting an amendment to Agreement No. 4844 (fka Agreement No. 3803) with City of Lakewood for tenant based rental assistance services in connection with the American Rescue Plan for HOME Investment Partnership Program for the period 10/1/2023 – 9/30/2025 to modify the scope of services by removing Tenant Based Rental Assistance (TBRA) and adding HOME-ARP Supportive Services to primarily benefit the four Qualifying Populations described in HUD Notice CPD-21-10; to change the terms that no funds shall be expended for purposes of Tenant Based Rental Assistance, to replace the original Scope of Services-Schedule A and Attachment 1-Budgetary Details with Schedule A for First Amendment and Attachment 1- Approved Budget for First Amendment, effective upon signatures of all parties; no additional funds required.

Funding Source: HOME-ARP Funds

BC2024-962

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 total amount not-to-exceed \$1.00 each month in accordance with EA02012-0001 on behalf of the following county agencies:

- a) Board of Elections (November 2024)
- b) Department of Health and Human Services (December 2024)

Funding Source: Revenue Generating

BC2024-963

Fiscal Department, presenting proposed travel/membership requests for the week of 12/16/2024:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Medical Examiner’s Office	American Association of blood banks (AABB)	\$10,775.00	1/1/25 -12/31/25	General Fund

Purpose of Membership:

American Association of Blood Banks (AABB) is the accrediting body for the Toxicology Laboratory at the Medical Examiner’s Office.

Sheriff’s Department, recommending to amend Board Approval No. BC2024-790, dated 10/28/2024, which authorized (1) staff to attend the 2024 Offender Watch Symposium to amend the travel dates and total expenses as follows:

Dept:	Sheriff’s Department							
Event:	2024 Offender Watch Symposium							
Source:	Offender Watch							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Kanzig	11/11/2024-11/13/2024 11/14/2024	\$700.00	\$290.00	\$876.00	\$100.00 \$176.61	\$356.00	\$2,322.00 \$2,398.61	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Yearly Conference for Offender Watch, the company we use Sex Offender, Arson, and Violent Offenders for the entire County. Training allows participants to get over 12 hours of Offender Watch user training, plus other workshops. Networking includes meeting with others from your state, with others around the country, and keynote speakers.

Medical Examiner's Office								
Event:	2025 National Forum on Overdose Fatality Review: Turning the Tide							
Source:	Bureau of Justice Assistance and the U.S Centers for Disease Control and Prevention							
Location:	Portland, Oregon							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Stephanie Franks	2/10/2025 – 2/13/2025	\$0.00	\$200.00	\$539.40	\$263.52	\$679.95	\$1,682.87	General Fund with 100% reimbursement from Overdose Data to Action Grant (OD2A)
Manreet Bhullar	2/10/2025 – 2/13/2025	\$0.00	\$200.00	\$539.40	\$263.52	\$679.95	\$1,682.87	General Fund with 100% reimbursement from Overdose Data to Action Grant (OD2A)

*Paid to host

**Staff reimbursement

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

Purpose:

This meeting requires attendance under Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), 15PBJA-23-GG-02323-COAP awarded to the Cuyahoga County Medical Examiner's Office. I will be representing Cuyahoga County OFR as a Peer Mentor Site for other OFRs attending the meeting.

BC2024-964

Department of Purchasing, presenting proposed purchases for the week of 12/16/2024:

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
24004951	(1) Replacement, new, never-titled 2024 Ford F-150 SuperCrew Cab box truck	Department of Public Works	Sarchione Ford of Alliance, Inc.	\$48,099.00	General Fund
24005020	(1) Additional Alkota single axle commercial power wash trailer package	Department of Public Works	Crown Cleaning Systems	\$15,350.00	Road and Bridge Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24004846	Factory Authorized – Backhoe repairs*	Department of Public Works	Ohio CAT	\$14,481.69	Sanitary Fund
24004848	Factory Authorized – (1) Hydromatic submersible sewage pump and flange kit*	Department of Public Works	Pump Systems LLC	\$7,259.34	Sanitary Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works and Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 1255 (fka Contract No. CE0600382) nka Contract No. 5043 with K & Z Mutual Realty, LLC lease of office space located at 9830 Lorain Avenue, Cleveland, for the period 10/1/2006 - 9/30/2026, for an assignment and assumption of the lease to Greater Cleveland Food Bank, Inc. effective 8/8/2024; no additional funds required.

Funding Source: Public Assistance Fund

Item No. 2

Department of Sustainability, submitting a grant ~~award~~ **agreement** from U.S. Department of Housing and Urban Development in the amount of \$500,000.00 for Cuyahoga County Fresh Water Institute Development Project in connection with the F2024 Community Project Funding for the period 08/13/2024 – 08/31/2032.

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

Item No. 3

Sheriff’s Department Submitting a grant agreement with the U.S. Department of Homeland Security/ Federal Emergency Management Agency through the Ohio Department of Public Safety, Emergency Management Agency in the amount of \$87,750.00 for reimbursement of eligible expenses for the Operation Stonegarden Project in connection with the FY2024 State Homeland Security Grant Program for the period 9/1/2024 – 6/30/2027.

Funding Source: U.S. Department of Homeland Security, Federal Emergency Management Agency, Customs and Border Patrol through the Ohio Department of Public Safety (OEMA)

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
No.RQ	Amend Contract No. 2490	Nexum, Inc.	Consulting and design services in connection with the Data Center Design Project, to update insurance requirements, attached as Schedule A	\$-0-	Department of Information Technology	6/22/2022 – 12/31/2024 to extend the time period to 12/31/2025	(Original) General Fund	12/4/2024 (Executive) 12/6/2024 (Law)

LPA 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
R2024-0350	Emergency repair of Old Mill Road 400 feet east of Chagrin River Road in the Village of Gates Mills – Council District 6	\$200,000.00		\$100,000.00 – Road and Bridge Fund \$100,000.00 – Village of Gates Mills	12/4/2024 (Executive)
R2020-0228	Replacement of Hilliard Boulevard Bridge No. 08.57	\$40,000,000.00		\$4,500,000.00 – Road and Bridge Fund \$800,000.00 – Issue 1 Fund	12/10/2024 (Executive)

	over Rocky River, Valley Parkway and Trail in the Cities of Lakewood and Rocky River – Council Districts 1 and 2			\$27,500,000.00 – Federal Fund	
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VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:30 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2024-965

TITLE	Apply & Accept MCIP Grant Program Agreement – Fitch Rd Sanitary Sewer
DEPARTMENT OR AGENCY NAME	Grant between NEORSD and Cuyahoga County Public Works – construction only

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" 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>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	MCIP Grant Program	1/1/2025 – N/A	\$2,054,076.68	N/A	N/A
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	This is a Member Community Infrastructure Grant Program to assist member communities in meeting regional sanitary and stormwater needs with cost effective sewer infrastructure projects to address water quality and quantity issues associated with sewer infrastructure that adversely impact human health and the environment.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The extension of sewer services will expand the water quality treatment benefit to new customers
	The project will improve water quality in the area waterways by removing failing home sewage treatment systems and eliminating a discharging NPDES permitted wastewater treatment plant.
	The Fitch SSX project includes a sewer extension to accept future flows from the surrounding unsewered areas. This provides future benefit to serve future customers

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.
	Does this require a Cash Match by the County? <input 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.

BC2024-966

Title	Public Works Montrose Ford LLC / Purchase Order / (4) 2025 Ford Explorer Hybrids
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/	Approval No.
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					Council's Journal Date	
O	24004967	Montrose Ford LLC	NA	\$186,148.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Public Works is requesting approval of a purchase order, per the chart above, to secure (4) 2025 Ford Explorer Hybrids for Fleet, to be used by the Sanitary Division.

For purchases of furniture, computers, vehicles: Additional Replacement
Age of items being replaced: Older How will replaced items be disposed of? These will replace vehicles that will be repurposed in another Division that are very old and needing to be replaced.

Project Goals, Outcomes or Purpose (list 3):
hTo secure four (4) replacement vehicles for the Sanitary Division as a part of Fleet Services. These will replace older vehicles that will be repurposed.

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: Montrose Ford LLC 3960 Medina Road Fairlawn, Ohio 44333	Owner, executive director, other (specify): Michael Thompson Sr., CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # 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. The Department of Public Works has selected a State Contract procurement process, which has already been competitively bid and/or negotiated through the State of Ohio, allowing government agencies to take advantage of.
The total value of the solicitation: \$184,148.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date RSI023078, expires 9.30.2025

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Sanitary Sewer Fund – PW755105 / 70100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input 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):

BC2024-967

Title	Department of Public Works – Home Depot, U.S.A., Inc – Exemption PO for 2025
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24005177	Home Depot, U.S.A., Inc.	1.1.2025 – 12.31.2025	\$49,500.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is requesting approval to enter into a purchase order with Home Depot, U.S.A., Inc to allow the purchase of big box retail materials that would otherwise be difficult to forecast and procure via a bid process.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This exemption is being requested because it would be very difficult to bid big box retail stores where stocked items are extensive and there is no way to forecast identifiable material needed to be included in a bid process. Home Depot has many locations throughout Cuyahoga County including Cleveland’s Steelyard Commons location which is in close proximity to Downtown Cuyahoga County buildings as well as the large Harvard Maintenance Garage where our Sanitary, Road & Bridge, and Fleet divisions are located and are known to need materials from Home Depot for immediate business needs.</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: Home Depot, U.S.A., Inc. 2455 Paces Ferry Road Atlanta, GA 30339	Owner, executive director, other (specify): Craig Menear, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The Department of Public Works is requesting approval to enter into a purchase order with Home Depot, U.S.A., Inc to allow the purchase of big box retail materials that would otherwise be difficult to forecast and procure via a 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.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Facilities - \$27,500.00 – General Fund – 55.56% Sanitary - \$14,000.00 – Sanitary Sewer Fund – 28.28% Road & Bridge - \$2,000.00 – Road & Bridge Fund – 4.04% Fleet - \$2,000.00 – General Fund – 4.04% Animal Shelter - \$4,000.00 – General Fund – 8.08%</p>
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.
PW750100 PW715200 PW270165 PW280100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24000649	Home Depot, U.S.A., Inc.	1.1.2024–12.31.2024	\$49,500.00	7.1.2024	BC2024-500

BC2024-968

Title	Department of Development / Penwill Group, LLC / Contract 4966 / Small Business Support / \$287,500.00
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4966	PenWill Group, LLC	Upon Signature (Est 12/24/2024) Expire 1 year (est 12/23/25)	\$287,500.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Development is requesting approval of a contract, per the chart above, carry out support activities or programs for the Office of Small Business, and administer such financial and technical assistance to this clientele located in the Cuyahoga County.</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>To support the growth of small business in Cuyahoga County through</p> <ul style="list-style-type: none"> Administration of support programs for small business entities

- Outreach and administrative support to the Cuyahoga County Office of Small Business
To advance equity and opportunity for MBE and WBE small businesses located in Cuyahoga County.

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):
PenWill Group, LLC 18472 Admiralty Drive Strongsville, OH 44136	Erica C. Penick President
Vendor Council District: 5	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Due to the expertise that PenWill Group, LLC brings to this initiative it is not practical to conduct a new procurement for this service. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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% Economic Development 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. DV220110 / 55130 / DEVECD001
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-969

Title	Fiscal Department / Cypress Partners LLC / Contract / RQ14878 / 2-year contract for state advocacy services
Department or Agency Name	Fiscal Department on Behalf of the Executive Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5052	Cypress Partners LLC	01/01/2025 – 12/31/2026	\$147,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 This is a two-year contract with Cypress Partners LLC from 01/01/2025 to 12/31/2026 for state advocacy services. The not-to-exceed amount for this contract is \$147,000.00

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

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

Project Goals, Outcomes or Purpose (list 3):

- expand presence and represent the County’s interests before the Ohio legislature and state administration
- elevate the County’s engagement and profile at the state level
- preserve and secure support and funding for key initiatives, projects, and interests

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):
Cypress Partners LLC 24700 Center Ridge Rd Suite 140 Westlake, OH 44145	Mike Caputo 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# <u>14878</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 09/09/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$225,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 20 Solicitation Sent 3 Responses	<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 (0%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A - RFQ	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A - RFQ	<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. 34% General Fund; 33% Road and Bridge Fund; 33% Health and Human Services Levy
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.

EX100100; PW270165; HS260100
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):

BC2024-970

Title	CM1181-2024- 2nd Amendment of AT&T Measured Business
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 Approved/ Council's Journal Date	Approval No.
Original	1181	AT&T Corp	01/01/2019 – 12/31/2023	\$1,080,000.00	06/11/2019	R2019-0132
1 st Amendment	1181	AT&T Corp	01/01/2024 – 12/31/2024	\$216,000.00	1/2/2024	BC2024-06,
2 nd Amendment	1181	AT&T Corp	01/01/2025 – 12/31/2025	\$462,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The Department of Information Technology plans to amend Contract No. 1181 with AT&T Corporation, to extend the time period to 12/31/2025 for Measured Business Analog Telephone Connections in the amount of \$462,000.00. This agreement is for the Measured Business Analog Telephone connections from AT&T that serves as the telephone infrastructure for various County facilities.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): 1. To amend contract CM1181 thru 12/31/2025</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):
AT&T Corporation 6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer Strategic Account Lead Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>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: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. This request is for a 2nd amendment to an already existing approved contract. There is not believed to be any vendor to provide the service through a competitive process due to the age of the technology. *See Justification for additional information.</p>
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 ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP
	<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. IT100180
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? No Yes (if yes, please explain)

HISTORY (see instructions): above

BC2024-971

Title	CM3104-2024-2 nd Amendment Charter 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.
Original	CE1400329	Charter Communications Inc. dba Spectrum	10/01/2014-09/30/2019	\$258,000.00	12.12.2014	R2014-0269
A-1	998	Charter Communications dba Spectrum	10/01/2019-01/12/2025	\$405,431.40	02.25.2020	BC2020-142* amended on 6/10/2024
A-1	CE1400329	Assigned the interest from Time Warner Cable Enterprises, LLC to Charter Communications Operating, LLC dba Spectrum			6/10/2024	*BC2024-440
A-2	3104	Charter Communications dba Spectrum	01/12/2025-01/12/2030	\$284,068.64	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to amend Contract No. 3104 with Charter Communications Inc. dba Spectrum, to extend time period until 1/12/2030 for the Dark Fiber Maintenance Services in the Not to exceed amount of \$284,068.64.

This request is to amend and extend the existing Charter Communications Dark Fiber agreement for an additional 60 months. The sites that the County no longer owns has been dropped from the agreement, thus cutting the costs by half. Charter Communications owns the bundled fiber cable that the County is attached to.

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 amend contract CM3104 with Charter Communications dba Spectrum	

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):
Charter Communications Operating LLC Dbas Spectrum 12405 Powerscourt Drive St. Louis, MO 63131	Eric W Hillstrom Major 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. Initial procurement was through and award on RFP 47440 in Dec. 2014. This is a contract 2nd 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) RFP 27440

	<input type="checkbox"/> Other Procurement Method, please describe:
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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. IT100165
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-972

Title	Identity as a Service Software by Auth0	
Department or Agency Name	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.
Original	CM4127	Strategic Government Solutions	02/01/2024 – 12/31/2024	\$18,400.00	02/12/2024	BC2024-107
1 st Amendment	CM4127	Strategic Government Solutions	01/01/2025 – 07/31/2026	\$28,368.30	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to amend Contract No. 4127 with Strategic Government Solutions, Inc., extend time period to July 31, 2026 for Identity as a Service Software by Auth0 in the amount of \$28,368.30.

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

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

Project Goals, Outcomes or Purpose (list 3):

The need for a standards-based solution to secure applications, protect user information and authenticate users using the highest available security will help make Cuyahoga County more resilient to threats of cyber-attack. Users currently authenticate with various identity providers but lack a way to link their accounts. Applications use different domains and require users to log in separately for each. Application developers spend their time building and maintaining identity management and authentication instead of building core business applications. There is a need to manage different authorization and access levels for our employees as well as be able to provision and deprovision users easily when employees join or leave the County. Anticipated Outcomes: Implementing a third-party identity management solution and enabling powerful features will help Cuyahoga County manage how its applications authenticate in a secure, seamless, and consolidated manner. Valuable development hours can go back to writing business logic instead of being spent building authentication. The time dedicated to testing and security for authentication can also be returned to core app work. Integrating and mapping identity providers is time-consuming and can be painful. With a third-party identity management solution, these integrations are already built and provided. By leveraging SDKs during application development, additional coding needed to integrate the authentication system will not be necessary. Cuyahoga County’s application development, security and engineering teams can focus on configuration rather than coding and customizing. Because third-party identity management solutions adhere to

security compliance policies and certifications, storing data with a third-party identity management solution strengthens security. The solution takes on the responsibilities of keeping user data stored and transported securely. In addition, third-party identity management solutions provide federated identity so that users don't engage in bad practices like reusing the same password to avoid having to remember multiple login credentials.

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):
Strategic Government Solutions 475 Metro Place South #450 Dublin, Ohio 43017	Kesava MuruKuti VP Solutions
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 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 IT100135
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-973

Title	CM5048-2024-Procurement of 3 rd Party Data Management Contract- INRIX Inc- on behalf of Sustainability
Department or Agency Name	The 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.
O	CM5048	INRIX, Inc	Effective Date-2 Years	\$51,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology on behalf of the Department of Sustainability intends to enter into a contract with INRIX, Inc., with the agreement commencing on the Effective Date and continuing for a term of two years thereafter in the amount of not to exceed \$51,000.00 but will remain 20,000.00 per year for INRIX to provide data management services to up to 5 municipalities in the Cuyahoga County with option to add additional municipality for a fee of \$4000 per municipality per year.

INRIX, Inc will provide the county with management of data from companies operating shared mobility services in Cuyahoga County to provide mobility program managers with timely accurate and reliable data concerning the use of devices within 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):
 To enter into a contract agreement with INRIX, Inc for management of data from companies operating shared mobility services in Cuyahoga County to provide mobility program managers with timely accurate and reliable data concerning the use of devices within the County.

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):
INRIX, Inc 10210 NE Points Dr. Suite 400 Kirkland WA 98033	Kory Young Account Representative
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> 14488 </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:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$51,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 321 /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 type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The selected vendor offered the most competitive fixed price, in contrast to other vendors, whose proposals included additional embedded costs and fees. Populus Technologies, Inc. \$20,000.00 Blue Systems USA, Inc \$30,000.00 INRIX, Inc. \$20,000.00	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% Sustainability Projects 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.

EX275100 NOSBTY0001

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):

BC2024-974

Title	Feathery Form Engine
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.
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Original	CM5059	Feathery, Inc.	12/23/2024 – 12/22/2025	\$20,100.00	PENDING	PENDING
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Service/Item Description (include quantity if applicable).

Feathery is an online form engine that will be used on all county managed websites. Feathery allows for forms, workflows, signatures and can integrate with many systems including Email, Low/No Code platforms, SMS services, Email services, databases, MS products like PowerAutomate and Excel. Feathery’s fee’s are usage based, 500 submissions are billed at \$1425 a month, or \$17,100 per year. Additional submissions are allowed, billed at \$250 per 500 monthly submissions. 500 monthly submissions are currently adequate.

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):
Feathery would replace website content management (Sitefinity) forms. Sitefinity’s forms do not allow any of the integrations that Feathery does. The need to capture signatures for online forms is also required, which would allow replacement of many paper-based forms, without the expense of platforms like DocuSign that have very specific use cases. Feathery satisfies not only the business cases requirements (forms, workflows, signatures and can integrate with many systems including Email, Low/No Code platforms, SMS services, Email services, databases, MS products like PowerAutomate and Excel) but also allows styling and branding to be applied as well as allows for Accessible Rich Internet Applications (ARIA) configuration and a major unexpected benefit of address validation.

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):
Feathery, Inc. 2261 Market Street, Suite 4263 San Francisco, CA 94114	Zack Khan Cofounder
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 steps taken to determine Feathery as the best fit for our needs has evolved over the years. Starting in 2022, a product from GovOS was demoed and determined not

	<p>to be a good fit, as it required DocuSign for signatures and did not allow the users to add ARIA tags. SmartSheet was then built as a proof of concept to replace an online form. Again, signature captures were not possible without DocuSign. Branding and ARIA tags were not possible. Instead, Microsoft Forms has been used for the last 2 years, when a website form needed more sophistication and workflows. Branding, ARIA tags and signatures are not possible. Formstack was also reviewed, but did not offer ARIA tags, nor address validation.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input 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 2024-TAC-037 & 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 IT100110
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):

BC2024-975

Title	Human Resources, 2024, Contract with Occupational Health Centers of Ohio, P.A., Co. dba Concentra Medical Centers for Drug Screening, Physical Exams, Audiograms, and Lead Blood Testing resulting from an RFP for the period 1/1/2025-12/31/2027 in the amount not-to-exceed \$480,000.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5049	Occupational Health Centers of	1/1/2025-12/31/2027	\$480,000.00		PENDING

		Ohio, P.A., Co. dba Concentra Medical Centers				
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Service/Item Description (include quantity if applicable).
 Concentra will provide the County with drug screening, physical exams, audiograms, and lead blood testing for current employees and job candidates. These tests and screenings ensure that the County work force is in compliance with policies and regulations as well as fit for duty. This contract is the result of an RFP process in which 4 submissions were reviewed with Concentra providing the best value and versatility for the County. This is an ongoing service.

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 agreement ensures that County employees are in compliance with policies and regulations and are fit for duty in their public positions.

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):
Occupational Health Centers of Ohio, P.A., Co. dba Concentra Medical Centers 5500 S. Marginal Road Cleveland, OH 44103	Janet Cobb, M.D. President
Vendor Council District:	Project Council District:
Various	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __14912__ (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: September 16, 2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 25 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (5) SBE (5) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. No, none of the submissions were compliant with the DEI goals. Due to timing, the Department is electing to move forward with an award. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Concentra was not the lowest priced but scored significantly higher overall and represents the best value to the County.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Pricing was slightly higher than the lowest price, between the highest and lowest prices when reviewing the most commonly utilized services.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
The County primarily utilizes Concentra for drug screening and physical exams for employment candidates and any delay will slow the hiring process.

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):	6/7/2024
Date documents were requested from vendor:	10/29/2024
Date of insurance approval from risk manager:	12/4/2024 (Conditional approval)
Date Department of Law approved Contract:	11/8/2024

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

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

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

HISTORY (see instructions):						
Previous Agreement CM3641 (fmr 1981)						
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	1981	Occupational Health Centers of Ohio, P.A., Co. dba Concentra Medical Centers	1/1/2022-12/31/2024	\$309,250.00	12/13/2021	BC2021-724
A-1	3641	N/A	N/A	\$271,856.00	8/28/2023	BC2023-545

BC2024-976

Title	Human Resources; 2024; Contract with GPI Enterprises, Inc. resulting from RFP for Sourcing and Staffing of Temporary Employees for the period 1/1/2025-3/31/2028 in the amount NTE \$300,000.00
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5057	GPI Enterprises, Inc.	1/1/2025- 3/31/2028	\$300,000.00		PENDING

Service/Item Description (include quantity if applicable).
 GPI Enterprises, Inc. (GPI) will provide the Department of Human Resources with temporary staffing upon request for positions of immediate need. These positions may support various departments and areas as Human Resources has utilized such services to assist in the HR office, Workers' Compensation, Public Works, and the Treasury. Services focus primarily on clerical and admin staff when there is a time sensitive, temporary need.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goals of this contract are to cover time sensitive positions of need on a temporary basis and support various departments in ensuring crucial positions are not without staffing, when possible. This service will help alleviate some pressure on staff caused by vacancies when necessary.

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):
GPI Enterprises, Inc. 3637 Medina Road, Suite 60 Medina, OH 44256	Christopher Murillo, President
Vendor Council District:	Project Council District:
N/A	Various County locations
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14965 <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: \$300,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 81 / 13	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (20) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Pricing was requested for the most common types of positions, specifically clerical and admin roles. The County specified that those staff utilized must be paid a minimum of \$15.66/hr as per the lowest PRC approved salary schedule for the County. GPI's pricing was not the lowest but scored highest overall, providing the best value to the County.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? GPI's pricing was in line with the majority of pricing, ranking 5 th out of 13 when evaluated on the most common positions utilized.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR100100

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

Provide status of project.
This contract will begin 1/1/2025 with service utilized when necessary.

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):	
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Date documents were requested from vendor:	
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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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):

Previous contract for these services was with GPI, resulting from an RFP in 2021.

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	1705	GPI Enterprises, Inc.	10/4/2021-12/31/2024	\$210,000.00	10/4/2021	BC2021-539
A-1				\$161,824.00	1/3/2022	BC2022-07
A-2				\$115,000.00	8/14/2023	BC2023-506

BC2024-977

Title	DIVERSION CASE MANAGEMENT SERVICES - OHIOGUIDESTONE AMENDMENT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	2739	Ohio Guidestone	7/1/2022- 6/30/2024	\$60,000.00	9/9/2022	BC2022-553
A-#1	3050	Ohio Guidestone	7/1/2023- 6/30/2024	\$40,000.00	2/20/2024	BC2024-129
A-#2	4983/ 3050	Ohio Guidestone	7/1/2023- 6/30/2026	\$40,000.00	Pending	

Service/Item Description (include quantity if applicable).
This is a contract amendment to provide strength-based Diversion Case Management Services for youth and their families through the Pro-kids and families program with Ohio Guidestone to extend the time-period of the contract to June 30, 2026, increase the funds in the amount of 40,000.00, increase the per diem rates, and replace the insurance requirements of the contract. for Diversion Case Management Services. This changes the not to exceed value of the contract to \$ 140,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3): Make the most of natural community supports while recognizing that diversion from formal court processing is the most effective way to serve youth in this program.

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

Vendor Name and address: Ohio Guidestone 343 W. Bagley Rd. Berea, Ohio 44017	Owner, executive director, other (specify): Brant Russell, President & CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<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? This is a contract amendment.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % funded by the RECLAIM Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

Reason: The delay is due to the notification of the RECLAIM Grant, award process, contract negotiations, and vendors' delay in returning compliance documents.

Timeline

Project/Procurement Start Date (date your team started working on this item):	5.15.24
Date documents were requested from vendor:	10.18.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	10.18.24

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

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

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

HISTORY (see instructions): see chart above

BC2024-978

Title	RAYSECUR MAILSECUR SOLE SOURCEPURCHASE
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Generating <input checked="" type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): SOLE SOURCE

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		RAYSECUR	1-TIME PURCHASE	\$241,000.00	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
The Sheriff's Department is requesting approval of a one-time purchase of an X-ray devices in the amount of \$241,000.00 resulting in a Purchase Order with Raysecur.

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 purchase will allow screening of inmates' legal mail for narcotics and other contraband. The machine can detect if papers are soaked with narcotics, bug spray, etc. This technology does not use any radiation, so employees are not unnecessarily exposed to harmful radiation.	

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):
RAYSECUR, INC. 356 UNIVERSITY AVE. WESTWOOD, MA 02090	KERRY NELSON ENTERPRISE SALES, CORRECTIONS
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input checked="" type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% COMMISSARY FUNDS SH285185-70000
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/6/2024
Date documents were requested from vendor:	11/8/2024
Date of insurance approval from risk manager:	11/8/2024
Date Department of Law approved Contract:	N/A- PURCHASE ORDER
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

BC2024-979

Title	VILLAGE OF HIGHLAND HILLS PRISONER BOARD & CARE AMENDMENT	
Department or Agency Name	SHERIFF'S	
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 Approved/ Council's Journal Date	Approval No.
0	AG2000218	VILLAGE OF HIGHLAND HILLS	1/1/2020 – 12/31/2020	REVENUE GENERATING \$20,000.00 Per diem \$105.26	3/16/2020	BC2020-183
1	129	VILLAGE OF HIGHLAND HILLS	1/1/21- 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-674
2	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/22	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/8/21	BC2021-640
3	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/23	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/14/22	BC2022-695
4	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/24	REVENUE GENERATING estimated amount \$10,000.00 Per diem \$173.00	12/11/2023	BC2023-803

5	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/25	REVENUE GENERATING estimated amount \$10,000.00 Per diem \$189.34		
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Service/Item Description (include quantity if applicable).
PRISONER BOARD AND CARE SERVICES BEING PROVIDED TO THE VILLAGE OF HIGHLAND HILLS.

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

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

Project Goals, Outcomes or Purpose (list 3):
THE PRIMARY 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):
Village of Highland Hills 3700 Northfield Rd Highland Hills, Ohio 44122	Marcellis Oneal, Finance Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. THIS 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 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? <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. REVENUE GENERATING (UPTO \$10,000)
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/27/24
Date documents were requested from vendor:	8/27/24
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	9/23/24
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): see chart above

BC2024-980

Title	Sheriff's Department Lexipol Law Enforcement policy manual and daily training bulletins with supplemental publication service with accreditations.
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1397	Lexipol	1/1/2022 to 12/31/2024	\$280,480.00	July 6, 2021	BC2021-328
A-1	1397	Lexipol, LLC	1/1/2025 to 12/31/2025	\$25,427.94		

Service/Item Description (include quantity if applicable). Lexipol, LLC will be providing annual Law Enforcement with a policy manual and daily training bulletins with supplemental publication service with accreditation.
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):

Lexipol, LLC will be providing annual Law Enforcement with a policy manual and daily training bulletins with supplemental publication service with accreditation.

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):
Lexipol LLC 2611 Internet Blvd, Ste 100 Frisco, TX 75034	Bill Nunan, Chief Executive Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

HISTORY (see instructions): see chart above

BC2024-981

Title	Sheriff Department, Civil Division/The Legal News Publishing dba Daily Legal News Publishing/ Contract #3012/ 2 year extension for
Department or Agency Name	
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	3012	The Legal News Publishing	03/20/2023 – 03/19/2025	\$495,000.00	02/27/2023	BC2023-119
A	3012	The Legal News Publishing	03/20/2025 – 03/20/2027	\$495,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Daily Legal News Publishing Co. will provide publication of land sales for the County thru advertisements within the paper at least once a week for three consecutive weeks. Per the Prosecutors Office, ORC 2329.26 states that land sale items are to be published in newsprint. The parcels need to go out once a week for three consecutive weeks.

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):
 N/A

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

Vendor Name and address: Daily Legal News Publishing 2935 Prospect Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Jeffrey B. Karlovec
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality (ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Exemption requested due to backlog of properties caused by the inability to hold in-person auction due to Covid-19 and the ongoing court cases. *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
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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.
SH100185; 55130

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

Provide status of project. The current contract for the Daily Legal will expire 03/20/25.

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) N/A

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3012	The Legal News Publishing	03/20/23 - 03/20/25	\$495,000.00	02/27/23	BC2023-119

BC2024-982

Title	The Medical Examiner’s Office requests approval of Purchase Order No. 24005135 to Promega Corporation, for the purchase of grant-funded DNA kits and supplies in the amount of \$14,618.70.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO#24005135 -EXMT	Promega Corporation	na	\$14,618.70	pending	pending

Service/Item Description (include quantity if applicable).
These are specialized DNA kits used for forensic case work analysis.

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):
DNA Testing, analysis for critical forensic casework.

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

Vendor Name and address:	Owner, executive director, other (specify):
Promega Corporation 2800 Woods Hollow Rd Madison, WI 53711	William Linton, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. Grant funded through American Rescue Plan Act (ARPA) *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% FY22 American Rescue Plan Act (ARPA) Crime Lab Backlog Grant
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Grant Funded
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME285145 52300 ME-22-ARPA- LAB
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-983

Title	The Medical Examiner’s Office plans to amend the contract with Partners in Medical Education Inc. for consulting services related to documentation review and site visit preparation for the upcoming follow-up Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025, to extend the time period to 1/1/2025 thru 1/30/2025 for the amount not to exceed \$7,100.00.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	CM#4964	Partners in Medical Education Inc.	10/28/2024 – 12/31/2024	\$6,475.00	10/28/2024	BC2024-779
A-1	CM#4964	Partners in Medical Education Inc.	1/1/2025 – 1/30/2025	\$7,100.00	Pending	Pending

Service/Item Description (include quantity if applicable). Consulting services related to documentation review and site visit preparation for the upcoming follow-up ACGME accreditation site visit in March of 2025.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Develop the special review protocol based on best practices from the industry. Develop special review metrics based on the needs of the Medical Examiner's Office. Review of the organizational chart and recommend edits based on best practices.	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Partners in Medical Education Inc. 109 Brush Creek Road Irwin, PA 15642	Roberta (BJ) Schwartz President & CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Contract 1 st Amendment to extend time and add funds for consulting services are relative to the Accreditation Council for Graduate Medical Education (ACGME) accreditation site visit in March of 2025. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2024-984

Title	Caregivers Just In Time Training Amendment 1
Department or Agency Name	Division of Children and Family 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 type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3900	University of South Florida	1/1/2024 – 12/31/2024	\$37,927.00	11/13/2023	Bc2023 -731
a-1	3900	University of South Florida	1/1/2025 – 12/31/2025	\$39,557.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 Vendor currently provides Just In Time web-based training. This is a companion program to Quality Parenting Initiative (QPI). The University of South Florida established a partnership with QPI in 2009. The University of South Florida (USF) exclusively presents the JIT training program. JIT training provides information and web-based training videos that facilitate foster parent and relative caregiver learning strategies to improve parenting skills

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

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

Project Goals, Outcomes or Purpose (list 3):

1. The provider is to edit and post videos to the JIT Cuyahoga website within seven days of receiving a website post.
2. The provider is to post unlimited QPI resources for caregivers within 3 days of receiving a request for website post.
3. The provider will hold monthly technical assistance calls with Cuyahoga County Staff.

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

Vendor Name and address:	Owner, executive director, other (specify):
The Just in Time Training Network at The University of South Florida 13301 Bruce B Downs Blvd Tampa, Florida 33612	Pam Hardy-Jones, Director

Vendor Council District: n/a	Project Council District: n/a
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 checked="" 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: \$37,927.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Vendor provided the best service for the cost	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? University of South Florida - \$37,927.00 Northwest Media, Inc - \$30,769.00	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

Health & Human Services Levy 66%; Title IV-E 34%

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.

HS260150 55130 UCH00122

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): see chart above

BC2024-985

Title	Digital Media Advertising
Department or Agency Name	Division of Senior and Adult Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	CM 5024	CMT Consulting, Ltd.	1/1/2025 – 12/31/2025	\$23,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

The provider will create and execute digital display and video advertising with flights from January through December targeting women 35-75. Display Creative and Dashboard capabilities will be included.

The service will be provided from 1/1/2025– 12/31/2025.

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: _____ How will replaced items be disposed of? _____

- Project Goals, Outcomes or Purpose (list 3):
1. Digital display and video advertising targeting women ages 35-75 years across various Cuyahoga County zip codes.
 2. Digital display advertising to be seen at a minimum of 115,000 times.
 3. Digital video advertising to be seen at a minimum of 85,000 times.

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):
CMT Consulting, Ltd 18624 Detroit Ave Lakewood, OH 44107	Cristine Torek, President
Vendor Council District:	Project Council District:
2	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 10/28/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received): 9/4	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: This was a request for proposals not bids.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This was a request for proposals not bids.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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. HS260255 – 55130 - UCH09560
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2024-986

Title	Health and Human Services Office of Early Childhood/Invest in Children with Cuyahoga County Public Library and Cleveland Public Library for FamilySpace
Department or Agency Name	Office of Early Childhood/Invest in Children
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			01/01/2025 – 12/31/2025	\$289,055.90		
	5001	Cuyahoga County Public Library		145,340.50	Pending	
	5002	Cleveland Public Library		143,715.40	Pending	

Service/Item Description (include quantity if applicable). Providers will oversee implementation of the FamilySpace program targeted at Cuyahoga County families with children ages 0-5 at their selected library branches by offering comprehensive family-centered services through early childhood information, parent education, and family support in safe and engaging spaces. FamilySpace will be available for families from 01/01/2025 – 12/31/2025.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):

1. Create an accessible and safe space for families to access services.
2. Strengthen families through engagement and education on early childhood development.
3. Offer unique programming based on community requirements through neighborhood-based Family Advisory Committees.

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):
Cuyahoga County Public Library 2111 Snow Road Parma, Ohio 44134	Tracy Strobel, Executive Director
Vendor Council District:	Project Council District:
4	4
Cleveland Public Library 325 Superior Avenue E. Cleveland, Ohio 44114	Felton Thomas, Jr., Executive Director
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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 2 library systems have received technical assistance and training during pilot stage and uniquely positioned in community to effectively implement FamilySpace programming. *See Justification for additional information.
The total value of the solicitation: \$289,055.90	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received)	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are 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. HHS 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. HS260240 – 55130 – UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Project is currently in pilot stage at 4 libraries which launched in 2022. The 2 organizations have received significant training and funding.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C.- Exemptions

BC2024-987

Title	2025 Amendment to an Alternative Procurement for Out of Home Placement Services	
Department or Agency Name	Department of Health and Human Services/ Division of Children and Family 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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Alternative Procurement	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	N/A	N/A	12.1.2022-12.31.2024	\$250,000.00	12.12.2022	BC2022-767
A 1	N/A	N/A	12.1.2022-12.31.2024	\$250,000.00	9.6.2023	BC2023-561
A 2	N/A	N/A	12.1.2022-12.31.2024	\$500,000.00	1.29.2024	BC2024-77
A 3	N/A	N/A	12.1.2022-12.31.2025	\$500,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Department of Health and Humans Services, on behalf of Children and Family Services, is submitting an Amendment to an Alternative Procurement Process. This is authorized for a two-year period from competitive bidding for Out of Home Care placement services soliciting placement opportunities from vendors not currently under the Master Agreement. Adding additional funding in the amount of \$500,000.00, for a total of \$1,500,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
 1. Secure needed services for children needing emergency placements
 2. Allow the County to pay vendors more quickly than be limited by Time Sensitive Mission Critical budget restrictions.

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

Vendor Name and address:	Owner, executive director, other (specify):
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N/A	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input checked="" 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.

66% Health and Human Services Levy Funds and 34% Title IV-E

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.

HS225110

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):

D. - Consent Agenda

BC2024-988

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	1773	Lutheran Metropolitan Ministry	07/01/2021- 06/30/2023	\$0.00	11/29/2021	BC2021-697
(A-1)	1773	Lutheran Metropolitan Ministry	07/01/2023- 06/30/2024	\$0.00	10/10/2023	BC2023-625
(A-2)	1773	Lutheran Metropolitan Ministry	07/01/2024- 12/31/2024	\$0.00	07/29/2024	BC2024-558
(A-3)	CM1773	Lutheran Metropolitan Ministry	07/01/2025- 06/30/2025	\$0.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Public Works is amending CM1773 with LMM for the operation of the café/food services at the Virgil Brown Building, to extend the time period through June 30, 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: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):
To amend the contract with LMM for the operation of the café/food services at the VEB Building, providing food options and services for visitors and building staff. This will allow time for the awarding of a new contract stemming from a recently closed RFP for these 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):
Lutheran Metropolitan Ministries 1641 Payne Avenue Cleveland, OH 44144	Maria Foschia, President & CEO
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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<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>AMENDMENT – Amending contract with previous/existing vendor at the VEB building while a new contract is vetted.</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 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>
<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>NA-Amendment</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>NA</p>	<p><input checked="" type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>NA-\$0-dollar agreement. Non-revenue generating</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p>

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

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input 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):	12.2.24
Date documents were requested from vendor:	12.3.24
Date of insurance approval from risk manager:	12.2.24
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-989

Title	Human Resources; RQ9659 CM2836 2024; Contract Amendment with Delta Dental Plan of Ohio, Inc. for Dental Benefits for County Employees to change terms, no additional funds, effective 1/1/2025.
Department or Agency Name	Human Resources
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	2836	Delta Dental Plan of Ohio, Inc.	1/1/2023-12/31/2025	\$9,000,000.00	12/6/2022	R2022-0410
A	2836	“ ”	1/1/2025-12/31/2025	\$0.00		PENDING

<p>Service/Item Description (include quantity if applicable). Human Resources requesting an amendment with Delta Dental Plan of Ohio, Inc. (Delta Dental) to change contract terms which update the rates for 2025 and correct insurance terms. Per the original agreement, rates were to increase in 2025 by 5% and must be agreed upon via amendment. The County also identified some insurance terms that required updating in this amendment.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to provide employees and their families dental benefits as part of the County's benefits package. This amendment also adjusts the contract to ensure compliance with Ohio Revised Code and our agreed upon terms.</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):
Delta Dental Plan of Ohio, Inc. 600 Superior Avenue East, Suite 2600 Cleveland, OH 44114	Goran Mike Jurkovic, CEO
Vendor Council District:	Project Council District:
07	County-wide
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>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: _____</p>	<p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) _____ / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () 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><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP conducted in 2022
	<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% Self-Insurance 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. HR765105
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. These are ongoing benefits for County employees.	
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): above

BC2024-990

Title	Human Resources; 2024 Amendment to a Revenue Generating Agreement with the Cuyahoga County Convention Facilities Development Corporation (CCCFDC) for Regionalized Healthcare Benefits for the period 1/1/2025-12/31/2025
Department or Agency Name	Human Resources
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	4299	Cuyahoga County Convention Facilities Development Corporation	1/1/2024-12/31/2024	Revenue Generating	4/9/2024	BC2024-279
A			12/31/2025	Revenue Generating		PENDING

Service/Item Description (include quantity if applicable).
 Under this agreement, the CCCFDC will provide their employees with the same healthcare benefits available to County employees at that County's negotiated rate. This allows the CCCFDC's employees to receive quality healthcare benefits at a cost less than the CCCFDC could negotiate on their own. As part of this agreement, the CCCFDC pays premiums to the County for their employees. Historically, the CCCFDC averages just two (2) full time, benefits eligible employees.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goals of this agreement are to provide quality healthcare benefits to the CCCFDC's employees, save the CCCFDC money by allowing them to piggyback the County's rates, and the save the CCCFDC's employees money.

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):
Cuyahoga County Convention Facilities Development Corporation 1 Saint Clair Avenue, NE 3rd Floor Cleveland OH 44113	Tim Meyer, Executive Director
Vendor Council District:	Project Council District:
07	07
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) Originally an RFP exemption <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:
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<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
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. N/A Revenue Generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A Revenue Generating
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The County expects the CCCFDC employees will begin their new coverage on our plan on January 1 st , 2025.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2024-991

Title	2024 Howse Solutions Amendment for Children Who Witness Violence Program Operator
Department or Agency Name	Department of Public Safety and Justice Services

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4696	Howse Solutions	August 1, 2024- November 30, 2024	\$99,900	7/29/2024	BC2024-554
A-1	4696	Howse Solutions	August 1, 2024-January 31, 2025	\$0	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Department of Public Safety and Justice Services is seeking to amend the contract between Cuyahoga County and Howse Solutions for their review of Witness Victim Services programs for children who are exposed to violence to extend for additional time.

The review will cover an analysis of relevance, efficiency, and sustainability, as well as an examination of the program’s effectiveness with the result being a report outlining recommendations for Cuyahoga County that will guide future decisions regarding the direction of the programs. This amendment is to allow the vendor more time to complete the project.

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 allow the vendor to continue to assess the relevance, effectiveness, efficiency, and sustainability of programs.
- To allow the vendor more time to propose modern policies and procedures for the programs to implement.
- To allow the vendor more time to provide actionable recommendations for the County to use for the future of the programs.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Howse Solutions 5247 Wilson Mills Road #233 Richmond Heights. Ohio 44143	Christopher Howse President/CEO
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP RQ#14228 /EVENT #5337 <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Human and Health Services Levy
Is funding for this included in the approved budget? <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.
PJ 325100

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

Provide status of project.
Amending active contract for extended time.

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Received the Worker's Compensation from the vendor on 12/04/2024 after the contract was no longer active.

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/06/2024
Date documents were requested from vendor:	11/18/2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	11/15/2024

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

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

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

HISTORY (see instructions): see chart above

BC2024-992

TITLE	Cleveland Christian Home Cuyahoga County Launch of the Child Wellness
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/Division of Children and Family 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 type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" 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>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
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ORIGINAL (O)	Cleveland Christian Home Cuyahoga County Launch of the Child Wellness Campus	Effective on Signature to 12/31/2025	\$400,000	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	In partnership with Cuyahoga County DCFS, The Centers and Cleveland Christian Home are responding the critical shortage of out of home care child placements by implementing the Child Wellness Campus. This grant will be used to support the salary and benefit of the Executive Director to lead program design and implementation.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To launch a new Welcome Center to facilitate the safe placement of youth by 2026				
	To renovate CH to include up to 60 specialized residential suites, with the capacity to accommodate 100-150 youth per year				
	To expand organizational partnerships and on-site program lead to more positive				

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:	The Centers/Cleveland Christian Home
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Eric Morse, President and CEO – The Centers Dawnya Underwood, Executive Director – Cleveland Christian Home
SUBRECIPIENT’S COUNCIL DISTRICT:	The Centers – 7 / Cleveland Christian Home – 3
DOLLAR AMOUNT ALLOCATED:	\$400,000.00

PROJECT COUNCIL DISTRICT:	3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	11401 Lorain Avenue Cleveland, OH 44111

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Mt. Sinai Health Foundation
	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.
	N/A

BC2024-993

TITLE	2024-2025 Ryan White HIV/Aids Treatment- Addendum 1-DSAS
DEPARTMENT OR AGENCY	Department of Senior and Adult Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ryan White Part A HIV/Aids	3/1/2024-2/28/2025	\$55,471.00	7/1/2024	CON2024-05
AMENDMENT (A-1)	Ryan White Part A HIV/Aids	3/1/2024-2/28/2025	\$10,000.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:	Services to be provided include Home and Community-Based Health Services and Home Health Care in connection with FY2019 Ryan White HIV/AIDS Treatment Extension Act Part A program and minority aids initiative.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	They will provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input 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.
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SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Mr. Roderick Harris, PHD Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 4
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	This is being paid by the Cuyahoga County Board of Health
	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.

BC2024-994

(See related items for proposed travel/memberships for the week of 12/23/2024 in Section D above).

BC2024-995

(See related items for proposed purchases for the week of 12/23/2024 in Section D above).

V – OTHER BUSINESS

Time Sensitive/Mission Critical

BC2024-996

Title	PW-TSMC-Pest Control Service-Rollins, Inc., dba Orkin, LLC.	
Department or Agency Name	Department of Public Works	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)		Rollins, Inc., dba Orkin LLC	Upon Execution	\$2,100.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). This purchase order is a Time Sensitive Mission Critical item for pest control service that was outside the normal scope of the County's contract currently in place. The value of the PO will be NTE \$2,100.00.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): This is a time sensitive mission critical purchase order required that was requested by Health and Human Services for a service outside the normal scope of service. The service was required by the Division and approved by multiple department Directors and the Law Department.</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):
Rollins, Inc., dba Orkin, LLC. 6940 W. Snowville Rd. Brecksville, Ohio 44141	Dylan Campbell, Commercial Operations Manager
Vendor Council District:	Project Council District:
NA	NA
<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 <input type="checkbox"/> Informal</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p style="text-align: center;">TSMC</p>
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<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / NA-TSMC	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% HHS 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. HS260195 54100 UCZH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11.5.24
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Item of Note (non-voted)

Item No. 1

TITLE	PSJS, on behalf of the Cuyahoga County Medical Examiner, Amendment #2 to CDC Overdose Data to Action Grant Agreement between Cuyahoga County Board of Health and Cuyahoga County Medical Examiner’s Office – Reduction in cost
DEPARTMENT OR	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input 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)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.

ORIGINAL (O)	Center for Disease Control: Limiting Overdose through Collaborative Actions in Localities	9/1/2023-8/31/2024	\$308,403.00	October 30, 2023	CON2023-114
AMENDMENT (A-1)	Center for Disease Control: Limiting Overdose through Collaborative Actions in Localities	9/1/2023-8/31/2025	\$0.00	December 9, 2024	CON2024-117
AMENDMENT (A- 2)	Center for Disease Control: Limiting Overdose through Collaborative Actions in Localities	9/1/2023-8/31/2025	-\$40,000.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Safety and Justice Services/Division of Fiscal and Grant Services (PSJS), on behalf of the Cuyahoga County Medical Examiner (CCMEO), requesting approval of an Amendment to the Agreement with the Cuyahoga County Board of Health (CCBOH) to decrease the amount of the contact to \$268,403.00.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1. Testing of public health samples to improve awareness of people who are using illicit opioids and stimulants who may be at high risk for overdose.				
	2. Reduce the number of overdose deaths within Cuyahoga County.				
	3. Develop education and outreach of prevention strategies and illustrate emerging drug trends in the County.				
	4. Target historically underserved areas of the jurisdiction through substance use treatment and harm reduction programs.				

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.
	Cuyahoga County District Board of Health Subaward Center for Disease Control and Prevention: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

TITLE	EXTENSION - 2024; State of Ohio Department of Public Safety, Office of Criminal Justice Services; 2023 Coverdell Forensic Science Improvement Program (Formula) Grant **NO SIGNATURE REQUIRED, ONLY BOC APPROVAL REQUIRED**
DEPARTMENT OR AGENCY	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	2023 Coverdell Forensic Science Improvement Program	1/1/2024-12/31/2024	\$85,980.40	05/28/2024	CON2024-55
AMENDMENT (A-1)		1/1/2024-06/30/2025	No change	Pending	pending
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The FY23 Coverdell (Formula) Grant specifically supports the CCRFSL along with its 54 Forensic Scientists, 10 Forensic Pathologists, and 13 Medicolegal Death Investigators with continuing education, training, forensic science instrumentation, and technology platform initiatives. Training opportunities will be provided through attendance at professional conferences, meetings, and trainings to stay informed on the latest forensic technologies, practices, policies, and procedures. This annual grant has historically provided the CCRFSL with funding to meet its medical and forensic science regulatory, accreditation, and licensing requirements including the onboarding of the latest forensic instrumentation and technologies.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<ol style="list-style-type: none"> 1. to allow various pathologists and forensic scientists the opportunity to maintain standards, policies, and practices established by accreditation and licensing institutions through grant-funded travel, registration, and attendance costs at conferences, workshops, and continuing education events. 2. to provide for the procurement of the opioid-relevant Qualtrax appended licensure annual subscription for the current Qualtrax Hosted Platform which is used by the CCRFSL forensic scientists to track, utilize, and maintain data needed for accreditation, document, and process management. 3. to obtain the ANSI National Accreditation Board (ANAB) Annual Licensure to provide the Cuyahoga County Medical Examiner with the ability to satisfy and maintain its accreditation and regulatory requirements. 			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES 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.	Countywide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Paul Coverdell Forensic Science Improvement Program 2023
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

(See related list of LPA Agreements – Processed and executed (no vote required) – processed and executed for the week of 12/23/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT