



**Cuyahoga County Board of Control Agenda
Monday, February 3, 2025 - 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 – 1/27/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-64

Department of Public Works, submitting an amendment to Contract No. 2146 with Browning-Ferris Industries of Ohio, Inc. dba Republic Services of Cleveland for rubbish removal services at various County buildings for the period 1/1/2022 – 12/31/2024 to extend the time period to 3/31/2025 and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: General Fund

BC2025-65

Department of Public Works, submitting an amendment to Contract No. 4034 with PSX, Inc. for parking lot equipment maintenance and repair services at various County parking facilities for the period 1/10/2024 – 1/9/2026 for additional funds in the amount not-to-exceed \$45,000.00, effective upon signatures of all parties.

Funding Source: Parking Revenue Fund

BC2025-66

Department of Public Works, submitting an amendment to various Contracts for the purchase and sale of various properties located at 1506 Superior Avenue, 1579 Superior Avenue, and 1601 Payne Avenue, in the City of Cleveland, for additional funds to cover closing costs in the total amount not-to-exceed \$19,756.25, effective upon signatures of all parties as follows:

- a) Contract Nos. 4708 and 4709 with 1506 Superior, LLC and 1506 Superior, Inc. for additional funds in the amount not-to-exceed \$14,793.75 for the properties located at 1506 Superior Avenue, Cleveland, Permanent Parcel Number 102-23-027, and 1601 Payne Avenue, Cleveland, Permanent Parcel Number 102-23-031
- b) Contract No. 4710 with Victory Properties, Inc. in the amount not-to-exceed \$4,962.50 for the property located at 1579 Superior Avenue, Cleveland, Permanent Parcel Number 102-23-012.

Funding Source: 50% Parking Services Fund and 50% General Fund

BC2025-67

Department of Public Works, recommending an award on RQ15228 and enter into Contract No. 5127 with Andrews Moving and Storage Company (20-5) in the amount not-to-exceed \$150,903.00 for moving services for Board of Elections related to 1801 Superior Avenue project, effective upon signatures of all parties through 12/31/2026.

Funding Source: Capital Project fund

BC2025-68

Department of Information Technology, submitting an amendment to Contract No. 5114 (fka Contract No. 3321) with Protiviti Government Services, Inc. through its staffing division Robert Half Government for temporary staffing services for the period 5/1/2023 – 12/31/2025 to extend the time period to 6/30/2026, to change the scope of services in accordance with Exhibit 1 and for additional funds in the amount not-to-exceed \$468,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-69

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Shaia’s Parking Inc. a Parking Management Agreement in the monthly amount not-to-exceed the first \$5,000.00 of the net proceeds from parking lot fees and 50% of all net proceeds in excess of \$5,000.00 for management and operation of commercial parking lots commonly known as 1506 Superior Avenue and 1579 Superior Avenue in Cleveland for a period of 6 months upon the county taking title in and to the property.
- b) Recommending an award and enter into a Parking Management Agreement (via Contract No. 5144) with Shaia’s Parking Inc. a Parking Management Agreement in the monthly amount not-to-exceed the first \$5,000.00 of the net proceeds from parking lot fees and 50% of all net proceeds in excess of \$5,000.00 for management and operation of commercial parking lots commonly known as 1506

Superior Avenue and 1579 Superior Avenue in Cleveland for a period of 6 months upon the county taking title in and to the property.

Funding Source: Non/Revenue Generating

BC2025-70

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to UserWay Inc. in the amount not-to-exceed \$102,510.00 for the purchase of AI Accessibility Widget Pro Plus for various departments effective upon signatures of all parties for a period of 3 years.
- b) Recommending an award and enter into Contract No. 5068 with UserWay Inc. in the amount not-to-exceed \$102,510.00 for the purchase of AI Accessibility Widget Pro Plus for various departments effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2025-71

Department of Human Resources, submitting an amendment to Contract No. 4092 with OneSparQ, LLC for staff augmentation services for the Enterprise Resource Planning System in connection with the implementation of various Global Human Resources modules for the period 2/22/2024 - 12/31/2024 to extend the time period to 12/31/2025, to expand the scope of services in accordance with Exhibits A-1 and A-2 and to replace the insurance requirements, effective upon signatures of all parties, and for additional funds in the amount not-to-exceed \$182,650.00.

Funding Source: General Fund

BC2025-72

Department of Law, submitting amendments to Contract No. 1472 (formerly Contract No. CE1400416) with Matrix Pointe Software, LLC on the Matrix Civil Electronic Document and Records Management System for the period 3/1/2014 – 2/28/2025 to extend the time period to 2/28/2026 to replace the insurance requirements and for additional funds in the total amount not-to-exceed \$34,440.00 for:

- a) maintenance and support in the amount not-to-exceed \$23,700.00.
- b) data hosting services in the amount not-to-exceed \$10,740.00.

Funding Source: General Fund

BC2025-73

Department of Public Safety and Justice Services, recommending an award on RQ15149 and enter into Purchase Order No. 25000021 with FarrWest Environmental Supply, Inc. (50-4) in the amount not-to-exceed \$186,900.00 for the purchase of (2) FTIR Spectroscopy Systems, maintenance and software support for a period of 4 years and (3) training session for the Cuyahoga County Type 1 HAZMAT team.

Funding Source: State Homeland Security Program 52% FY2022 and 48% FY2021

BC2025-74

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5117) with Cuyahoga County Board of Developmental Disabilities in the anticipated amount not-to-exceed \$300,000.00 for reimbursement of staffing services for the DD Medicaid Waiver Program, for the period 1/1/2025-12/31/2025.

Funding Source: Revenue Generating

BC2025-75

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3855 with The Center for Community Solutions for fiscal agent and management services, preparing and releasing an issue brief and year-end report, for the Council on Older Persons for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2025, to expand the scope of services to include Able Bodied Adults without Dependents research project, to add Exhibit II-A which represents the budget for the research project, to amend the delivery notifications to vendor, effective 12/13/2024 and for additional funds in the amount not-to-exceed \$45,200.00.

Funding Source: Health and Human Services Levy Fund

BC2025-76

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council,

- a) Submitting an RFP exemption, which will result in a payment to Cleveland Heights – University Heights City School District in the amount not-to-exceed \$1,713.60 as final payment for September 2023 for school/community-based Closing the Achievement Gap services rendered under Contract No. 2270 during the contract term of 1/1/2022 – 12/31/2023.
- b) Recommending a payment on Purchase Order No. 25000094 to Cleveland Heights – University Heights City School District in the amount not-to-exceed \$1,713.60 as final payment for September 2023 for school/community-based Closing the Achievement Gap services rendered under Contract No. 2270 during the contract term of 1/1/2022 – 12/31/2023.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2025-77

Department of Public Works, declaring as surplus County property no longer needed for public use by the Fleet Division, (1) 2020 Holder Tractor and recommending the sale of said property to the Board of Park Commissioners of the Cleveland Metropolitan Park District in the amount not-to-exceed \$75,000.00, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating

BC2025-78

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 for the month of January 2025 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2025-79

Department of Public Works, submitting an amendment to Contract No. 5129 (fka Contract No. 2886) with GHD Services, Inc. for the Gold Coast Lakefront- Multimodal Facility project in the City of Lakewood for the period 12/19/2022 – 12/31/2024 to extend the time period to 12/31/2025; no additional funds required effective upon signatures of all parties.

Funding Source: 64% FEMA HMGP Grant; 11% Coastal Management Assistance Grant and (c) 25% General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services

BC2025-80

Fiscal Department, presenting proposed travel/membership requests for the week of 2/3/2025:

Dept:	Sheriff's Department							
Event:	Axon Week 2025							
Source:	Axon							
Location:	Phoenix, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	4/21/2025 – 4/26/2025	\$1,149.00	\$360.00	\$1,500.00	\$800.00	\$800.00	\$4,609.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attendance at the conference will help ensure that our team is understanding the latest in public safety technology and learning about the innovative solutions of the future. Axon Week is public safety's premier technology and training conference and will feature keynotes on the future of public safety technology, training, breakout sessions on innovative solutions in the public safety sector. Expert

speakers and panels will address highly requested topics on public safety policy, training, crime reduction, communication, and officer wellness among other topics.

Dept:	Department of Health and Human Services/Division of Children and Family Services							
Event:	The National Symposium on Sexual Behavior of Youth							
Source:	The Child Advocacy Center (Canopy)							
Location:	Oklahoma City, OK							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kasey Golaboff	2/23/2025 – 2/27/2025	\$675.00	\$0.00	\$0.00	\$0.00	\$0.00	\$675.00	66% Health and Human Services Levy and 34% Title IV-E reimbursement

*Paid to host

**Staff reimbursement

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

**** All Expenses, except for registration, will be paid by The Child Advocacy Center (Canopy) Grant

- Lodging - \$1,251.56
- Meals - \$250.00
- Airfare - \$446.30
- Ground Transportation - \$210.00
- Total - \$2,157.86

Purpose:

Kasey Golaboff is to attend the National Symposium on Sexual Behavior of Youth.

This conference will be held in Oklahoma. The Child Advocacy Center (Canopy) secured a grant that will cover all of the expenses except the registration fee. In the sex abuse department, we often are interacting and working with families where children are displaying problematic sexual behaviors. We are working with the CAC to identify treatments and/or services to assist these children and their families to correct this behavior. Identifying and addressing these issues should prevent these children/families from becoming deeply involved with the Child Welfare or Juvenile Justice systems. In addition, it should prevent other children from being victimized. Given our partnership with the CAC, I feel it is necessary for one of the staff from this agency to attend.

Dept:	Medical Examiner’s Office
Event:	Association of Firearm and Tool mark Examiners Training Seminar
Source:	Association of Firearm and Tool Mark Examiners
Location:	Anaheim, CA

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Morgan	5/10/2025 – 5/16/2025	\$725.00	\$408.00	\$1,347.30	\$365.00	\$640.36	\$3,485.66	FY2024 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

The Association of Firearm and Tool Mark Examiners (AFTE) Training Seminar is in Anaheim, CA, from 11-16 May 2025. It is the best place for firearm examiners to receive training and updates on recent developments within the field. The seminar has a daily program where research is presented to the group. Also, there are many daily workshops available where specified training is provided for additional fees.

BC2025-81

Department of Purchasing, presenting proposed purchases for the week of 2/3/2025:

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
25000202	(3) Wall mounted lockers with 9 openings for the Cuyahoga County Maintenance Facility	Department of Public Works	GearGrid Corporation	\$8,205.00	General Fund
25000320	(24) Annual Government AutoCad License Renewals with Helpdesk support for 1 year	Department of Public Works	DLT Solutions, LLC	\$15,981.80	Road and Bridge Fund
25000346	(1) 2025 Chrysler Voyager LX for Department of Health and Human Services/Division of Children and Family Services	Department of Public Works	Kufleitner CDJR of Boardman	\$41,057.00	General Fund
25000334	(1) Fortinet FortiSwitch; (1) Fortinet SFP+Module (3) Fortinet FortiAP wireless access points	Prosecutor’s Office	Axelliant LLC	\$5,689.28	2023 Ohio Internet Crimes Against Children Task

	and (4) FortinetCare 3 year comprehensive support				Force Program Grant Fund
24005313	(36) Dual in-ear headsets with hearing protection for WEB SWAT	Department of Public Safety and Justice Services	INVISIO Communications Inc.	\$42,534.80	FY2023 Urban Area Security Initiative Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000091	Rock salt on an as needed bases for 2025 Winter Season*	Department of Public Works	Cargill Incorporated	\$15,000.00	General Fund
25000379	Replace broken Hitch Plate on dump truck**	Department of Public Works	Judco, Inc.	\$6,800.00	Road and Bridge Fund
25000217	(80) Maxwell(R) FSC DNA IQ(TM) Casework Kit***	Medical Examiner's Office	Promega Corporation	\$29,145.60	FY2023 DNA Backlog Grant from the U.S. Department of Justice

*Approval No. BC2024-524, dated 7/8/2024, which approved an alternative procurement process, which will result in a participation agreement with the City of Brecksville Purchasing Consortium in the amount not-to-exceed \$30,000.00 for the purchase of sodium chloride (rock salt) for the period 11/1/2024 – 10/31/2025.

**Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, 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 \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

***BC2024-369, dated 5/13/2024, which approved an alternative procurement process, which will result in an award recommendation to Promega and Life Technologies in the amount not to exceed \$281,394.00 to procure genetic testing kits and other consumable supplies for the period 10/1/2023 – 9/30/2025.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to identify

funds for 2025 and to provide funding sources in accordance with the Procurement Card Program Services section of the Master Services Agreement.

- a) Cuyahoga County Board of Development Disabilities \$12,000.00; General Fund
- b) Public Defenders \$5,000.00; General Fund
- c) Veterans Service Commission \$22,000.00; General
- d) Department of Public Works (Animal Shelter) \$7,000.00; Animal Shelter Operations
- e) Department of Public Works (County Airport) \$5,500.00; Airport Operations Fund
- f) Department of Public Works (Facilities) \$40,000.00; General Fund
- g) Department of Public Works (Facilities) \$5,000.00; Utility Operations
- h) Department of Public Works (Road and Bridge) \$9,500.00; Road and Bridge Fund
- i) Department of Public Works (Road and Bridge) \$37,500.00; Motor Vehicle License and Gas Tax
- j) Department of Public Works (Sanitary) \$8,000.00; Sanitary Fund
- k) Department of Public Works (Sanitary) \$40,000.00; Sanitary Sewer Fund
- l) Department of Public Works (Transportation) \$7,500.00; General Fund
- m) Department of Public Works (Transportation) \$5,000.00; Motor Vehicle License and Gas Tax
- n) Department of Public Works (Transportation) \$5,000.00; Sanitary Fund
- o) Department of Development \$5,000.00; General Fund
- p) Department of Housing and Community Development \$5,000.00; General Fund
- q) Fiscal Office \$10,000.00; General Fund
- r) Department of Consumer Affairs \$3,000.00; General Fund
- s) Department of Communications \$9,250.00; General Fund
- t) Department of Equity and Inclusion \$1,500.00; General Fund
- u) Department of Sustainability \$20,000.00; General Fund
- v) Department of Information Technology \$60,000.00; General Fund
- w) Department of Internal Audit \$8,000.00; General Fund
- x) Office of Innovation and Performance \$11,500.00; General Fund
- y) Department of Human Resources \$7,500.00; General Fund
- z) Personnel Review Commission \$3,500.00; General Fund
- aa) County Council \$10,000.00; General Fund
- bb) County Executive's Office \$5,000.00; General Fund
- cc) Department of Law \$5,000.00; General
- dd) Court of Common Pleas/Juvenile Court Division \$35,625.00; General Fund
- ee) Court of Common Pleas/Juvenile Court Division \$5,000.00; Health and Human Services Levy Fund
- ff) Sheriff's Department \$25,000.00; CPT
- gg) Sheriff's Department \$25,000.00; General Fund
- hh) Medical Examiner's Office \$10,000.00; General Fund
- ii) Department of Health and Human Services/Division of Children and Family Services \$20,000.00; 66% Health and Human Services Levy Fund and 34% Title IV-E Fund
- jj) Department of Health and Human Services \$10,000.00; Health and Human Services Levy Fund
- kk) Department of Health and Human Services/Office of Child Support Services \$15,000.00; 66% Federal Funds and 34% Health and Human Services Levy Fund
- ll) Department of Health and Human Services/Community Initiatives Division/Family and Children First Council \$1,500.00; Health and Human Services Levy Fund
- mm) Board of Elections \$30,000.00; General Fund
- nn) Cuyahoga County Planning Commission \$600.00; General Fund

Funding Source:

- 64% General
- 8% Motor Vehicle and Gas Tax
- 8% Sanitary
- 6% Levy
- 5% CPT
- 2% Federal
- 2% Utility Operations
- 1% Airport Fund
- 1% Animal Shelter
- 1% Title IV-E

Item No. 2

Department of Public Safety and Justice Services, submitting a Grant Agreement from Ohio Emergency Management Agency in the amount not-to-exceed \$1,402,946.00 for the FY2024 Urban Area Security Initiative Grant Program for the period 9/1/2024 – 12/31/2026.

Funding Source: FY2024 Urban Area Security Initiative Grant Program

Item No. 3

Various 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
R2024-0333	Resurfacing of Miles Road from Brainard Road to Lander Road (north side only) in Orange Village - Council District 9	\$500,000.00		\$250,000.00 Road and Bridge Funds \$250,000.00 Orange Village	1/24/2025 (Executive)

Item No. 4

Purchases Processed Not-to-Exceed \$5,000.00 for the period 12/1/2024 – 12/31/2024 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “02/03/2025 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, January 27, 2025 - 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:

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
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Michael Houser
Councilmember Robert Schleper

II. – REVIEW MINUTES – 1/21/2025

Michael Chambers motioned to approve the minutes from the January 21, 2025, 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

BC2025-52

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to SHI International Corp. in the amount not-to-exceed \$55,868.56 for a joint cooperative purchase of Coreview licenses (5,000) each Enterprise and Audit and (1) Premium support license for the period 3/25/2025 -3/24/2026.
- b) Recommending an award on Purchase Order No. 25000043 SHI International Corp. in the amount not-to-exceed \$55,868.56 for a joint cooperative purchase of Coreview licenses (5,000) each Enterprise and Audit and (1) Premium support license for the period 3/25/2025 -3/24/2026.

Funding Source: General Fund

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-52 was approved by unanimous vote.

BC2025-53

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Agreement No. 3890 with City of Lyndhurst for Community Diversion Program services for the period 1/1/2024 – 12/31/2024 to extend the time period to 12/31/2026, to replace the insurance requirements, effective 1/1/2025 and for additional funds in the amount not-to-exceed \$3,600.00.

Funding Source: Health and Human Services Levy Fund

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-53 was approved by unanimous vote.

BC2025-54

Sheriff's Department, recommending an award on Purchase Order No. 25000173 to Geauga County Sheriff's Department in the amount not-to-exceed \$475,000.00 for outsourcing prisoner board and care services to reduce the daily population in the Cuyahoga County Jail for the period 2/1/2025 – 12/31/2025.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. Robert Schleper asked do we have an idea of the average number of individuals in the program at any given time or does it fluctuate. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-54 was approved by unanimous vote.

BC2025-55

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nova Biomedical Corporation in the amount not-to-exceed \$7,649.81 for the purchase of various standard drug chemicals and supplies for analytical and research development applications for the Toxicology Lab.
- b) Recommending an award on Purchase Order No. 25000262 to Nova Biomedical Corporation in the amount not-to-exceed \$7,649.81 for the purchase of various standard drug chemicals and supplies for analytical and research development applications for the Toxicology Lab.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-55 was approved by unanimous vote.

BC2025-56

Department of Health and Human Services/Division of Children and Family Services and Division of Senior and Adult Services, submitting an amendment to a Master Contract with various providers for thermal and chemical bed bug remediation services for the period 1/1/2022 – 12/31/2024 to extend the time period to 12/31/2025 and for additional funds in the total amount not-to-exceed \$175,000.00:

- a) Contract No. 4081 (fka Contract No. 2163) with Speed Exterminating Company in the amount not-to-exceed \$105,000.00.
- b) Contract No. 5079 (fka Contract No. 2166) with The Terminix International Company Limited Partnership d/b/a Terminix Commercial in the amount not-to-exceed \$70,000.00.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented, and Paul Porter supplemented. Robert Schleper asked are these services being done at County Buildings or residences. Levine Ross asked was this originally with Senior and Adult Services and were now adding Division of Children and Family Services. Michael Chambers asked was the cost the same as last year. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-56 was approved by unanimous vote.

BC2025-57

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Northeast Ohio Coalition for the Homeless in the amount not-to-exceed \$122,211.32 for overflow shelter services for the Norma Herr Women's Shelter and to provide these services at St. Paul's Community Church, 4427 Franklin Boulevard, Cleveland for the period 1/8/2025 - 4/30/2025.
- b) Recommending an award and enter into Contract No. 5111 with The Northeast Ohio Coalition for the Homeless in the amount not-to-exceed \$122,211.32 for overflow shelter services for the Norma Herr Women's Shelter and to provide these services at St. Paul's Community Church, 4427 Franklin Boulevard, Cleveland for the period 1/8/2025 - 4/30/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented and Latrelle Hairston, Operator of the Overflow Shelter supplemented. Michael Houser commented he understands the need, but how do we measure the number of women that use these services; asked how we are getting the word out. Levine Ross asked how many at the overflow site right now; asked do they receive the same services at St. Paul's they get at the Norma Herr Women's Shelter. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-57 was approved by unanimous vote.

C. – Exemptions

BC2025-58

Sheriff’s Department, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$60,000.00 for various purchases for food service operations in the Jail Kitchen, effective Board of Control Approval through 12/31/2026:

- a) W.W. Grainger, Inc. in the amount not-to-exceed \$15,000.00
- b) Joshen Paper and Packaging in the amount not-to-exceed \$15,000.00
- c) Dean Supply Company in the amount not-to-exceed \$15,000.00
- d) Gordon Food Supply in the amount not-to-exceed \$15,000.00

Funding Source: General Fund

Chris Costin, Sheriff’s Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-58 was approved by unanimous vote.

BC2025-59

Sheriff’s Department, requesting an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$75,000.00 for various equipment repairs in the Jail facilities, effective Board of Control Approval through 12/31/2026:

- a) Belenky, Inc. in the amount not-to-exceed \$25,000.00.
- b) General Parts, LLC in the amount not-to-exceed \$25,000.00.
- c) Toyota Material Handling Ohio in the amount not-to-exceed \$25,000.00.

Funding Source: General Fund

Chris Costin, Sheriff’s Department, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-59 was approved by unanimous vote.

D. – Consent Agenda

BC2025-60

Department of Public Works, submitting an amendment to Contract No. 4473 (fka Contract No. 2370) with Kenmore Construction Company, Inc. for replacement of Old Rockside Road Bridge No. 00.42 over the Cuyahoga River in the City of Independence and Village of Valley View for a decrease in the amount of (\$367,854.20); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 34% Federal Funds; 24% from Ohio Public Works Commission and 42% from County Motor Vehicle \$5.00 License Tax Funds

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-60 through BC2025-63; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-61

Agency of the Inspector General, requesting approval of an exemption from vendor ethics training and registration for Forensic evaluators providing services to Cuyahoga County Courts pursuant to County Code 501.19(F).

Funding Source: N/A

BC2025-62

Fiscal Department, presenting proposed travel/membership requests for the week of 1/27/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Health and Human Services/Division of Children and Family Services	Public Children Services Association of Ohio	\$55,753.97	1/1/25 – 12/31/25	34% Title IV-E 66% Health & Human Services Levy

Purpose of Membership:

As a statewide association, PCSAO represents its members’ interests at the Ohio Statehouse, monitoring child protection and related bills, advocating for improvements to the law, providing input to the rulemaking process, and lobbying for adequate funding. PCSAO does the same thing at the federal level, promoting our mission of safe children, strong families and supportive communities among Ohio’s Congressional delegation and other stakeholders.

Dept:	Medical Examiner’s Office							
Event:	DMORT V Training 2025							
Source:	Disaster Mortuary Operations Response Team Region V							
Location:	Marquette, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Justin Wilson	3/6/2025 – 3/9/2025	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	Coroner Lab Fund

- *Paid to host
- **Staff reimbursement
- *** Airfare will be covered by a contract with the County’s Travel Vendor

Purpose:

This drill will be a full disaster portable morgue unit set up provided by MiMORT and planned by DMORT region V. There are many goals and objectives to the training, training like this has never been done before in such harsh conditions. This training is unprecedented, and we will be testing participants and equipment in harsh conditions. DMORT is the Disaster Mortuary Operations Response Team which is operated by the Department of Health and Human Services. Justin Wilson is currently a member of region V as a Medical Investigator.

Dept:	Sheriff’s Department							
Event:	Women in Command							
Source:	Calibre Press							
Location:	Des Moines, IA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Patricia Miller	4/14/2025 – 4/17/2025	\$359.00	\$200.00	\$342.00	\$0.00	\$400.00	\$1,301.00	Continued Professional Training Fund

- *Paid to host
- **Staff reimbursement
- *** Airfare will be covered by a contract with the County’s Travel Vendor

Purpose:

Being a female leader in a male dominated profession has its own distinct sets of challenges and today’s climate has created more unique obstacles than ever before.

Both our 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 of these 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.

Dept:	Department of Health and Human Services/Division of Children and Family Services							
Event:	2025 EERA Conference							
Source:	Eastern Educational Research Association							
Location:	Hilton Head, SC							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Antoinette McSears- Parker	2/19/2025 – 2/22/2025	\$330.00	\$150.00	\$685.02	\$125.00	\$556.37	\$1,846.39	66% Health and Human Services Levy 34% Title IV-E

*Paid to host

**Staff reimbursement

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

Purpose:

The Division of Children and Family Services is seeking approval for Social Worker 3, Antoinette McSears-Parker, to attend and present at the 48th Annual Eastern Educational Research Association (EERA) Conference, scheduled for February 20-21, 2025, in Hilton Head, South Carolina. This conference provides a valuable platform for professionals to explore the latest research, strategies, and best practices in education and social services. By presenting at the conference, Ms. McSears-Parker will showcase the innovative work being done by the agency while also gaining insights that will support the mission to improve outcomes for children and families in Cuyahoga County. Approval is requested to cover registration, travel, and lodging expenses for this professional development opportunity.

BC2025-63

Department of Purchasing, presenting proposed purchases for the week of 1/27/2025:

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
25000114	Annual order of (100) cases of tampons for inmates	Sheriff's Department	Amico LLC dba United Business Supply	\$6,614.00	General Fund
25000117	Annual order of (7,680) boxers for inmates in various sizes	Sheriff's Department	Bob Barker Co. Inc.	\$9,300.40	General Fund
25000121	Annual order of (2,050) Sweatshirts for inmates in various sizes	Sheriff's Department	Bob Barker Co. Inc.	\$12,031.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25000254	Automotive Repair – Mechanical, body and paint repairs on 2016 Explorer*	Department of Public Works	Premier Auto Body & Collision Center, LLC	\$5,193.78	General Fund
25000269	Factory Authorized Service call and repair of Weinman Split Case Pump**	Department of Public Works	The Great Lakes Towing Company dba Plotz Machine	\$5,243.51	General Fund
25000252	Annual accreditation fee for Forensic Pathology Program***	Medical Examiner’s Office	Accreditation Council for Graduate Medical Education (ACGME)	\$5,253.13	General Fund

*Approval No. BC2023-513, dated 8/14/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various vendors in the amount not-to-exceed \$125,000.00 for the purchase of various automotive repairs services in connection with vehicles involved in an accident for the Fleet Division on an as-needed basis for the period 8/14/2023 – 8/15/2025.

**Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, 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 \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

***Approval No. BC2021-249 dated 5/24/2021, which approved an updated Administrative List of Procurement Exemptions in accordance with County Code Section 501.12(D), effective 5/24/2021.

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Levine Ross seconded. The motion to adjourn was unanimously approved at 11:17 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-64

Title	Public Works – Waste Removal Service– Contract Amendment – Browning-Ferris Industries of Ohio dba Republic Services
Department or Agency Name	Department of 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	CM2146	Republic Services	1/1/2022 – 12/31/2023	\$380,000.00	1/3/2022	BC2022-03
A-1	CM2146	Republic Services	Pending approval – 12/31/2024	\$240,000.00	12/18/2023	BC2023-821
A-2	CM2146	Republic Services	1/1/2025- 3/31/2025	\$25,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). This request is to extend the County waste removal contract to 3/31/2025 and add \$25,000.00 to the current contract.</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): This will amend the current contract for waste removal services by extending the time to 3/31/25 and adding \$25,000.00. This will allow time for the recently closed RFP to be awarded and implemented for a new contract for these services.</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>
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Vendor Name and address:	Owner, executive director, other (specify):
Browning-Ferris Industries of Ohio , Inc. dba Republic Services 8123 Jones Road Cleveland, Ohio 44105	Chase Ritenauer-General 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. Amending current contract to allow time for new contract to be awarded and implemented. *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) RFB <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? No Yes, answer the below questions.

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

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

General Fund / 100%

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

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

PW750100 / 57400

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

Provide status of project. Pending amendment and pending new contract award

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

Reason: Amending current contract to allow time for recently closed RFP to be awarded. The new contract award will not be approved by County Council on time.

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/4/2024
Date documents were requested from vendor:	12/11/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	12/11/2024

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: vendor Waiting for vendor to sign Amendment.

If late, have services begun? No Yes (if yes, please explain) Existing contract being amended

Have payments been made? No Yes (if yes, please explain) Existing contract being amended

HISTORY (see instructions): see chart above

BC2025-65

Title	Public Works - Parking Lot Equipment Services - PSX Inc. - Contract Amendment
Department or Agency Name	Department of 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	4034	PSX, Inc	1/10/2024 - 1/9/2026	\$49,999.00	1/10/2022	BC2024-66
A-1	4034	PSX, Inc	1/10/2024 - 1/9/2026	\$45,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
This request is to amend the contract with PSX, Inc. for parking lot equipment services, to add additional funds in the amount of \$45,000.00.

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):
This amendment with PSX, Inc. will add needed funds to the current contract for parking lot equipment maintenance and repairs. PSX, Inc. provides parking lot equipment services at multiple County lots on an as-needed basis.

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

Vendor Name and address:	Owner, executive director, other (specify):
PSX, Inc. 2340 Hamilton Ave. Cleveland, OH 44114	Paul Hutchison/President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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) CM4034 – Original was an informal bid process <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% Parking Revenue 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. PW705100 - 55220
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: NA	
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

BC2025-66 a)

Title	2024 PURCHASE AND SALE AGREEMENT between 1506 Superior, LLC and 1506 Superior, Inc. as Seller and THE COUNTY OF CUYAHOGA, OHIO as Purchaser.
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 4708 & CM 4709	1506 Superior, LLC and 1506 Superior, Inc.	Closing no later than 150 days after effective date	\$4,000,000.00	9/30/2024	R2024-0304
A-2	CM 4708 & CM 4709	1506 Superior, LLC and 1506 Superior, Inc.	Closing Date February 7 th 2025	\$14,793.75	pending	pending

Service/Item Description (include quantity if applicable).

Amendment to the purchase of parking lot located at 1506 Superior Avenue, PPNs 102-23-027 and 102-23-031, to increase the Not-to Exceed amount to cover closing costs. The first amendment extended the closing date to 2/7/25.

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?	N/A
Project Goals, Outcomes or Purpose (list 3):		
<ul style="list-style-type: none"> • Approval of amendment for additional funds to cover closing costs. • Enable the previously approved purchase of the lots to proceed on schedule. • Provide HHS with significantly improved & controllable parking space to accommodate their operational needs. • Secure and control parking next to the County owned VEB to improve the assets future marketability. 		

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):
1506 Superior, LLC and 1506 Superior, Inc. 812 Huron Road, Suite 701, Cleveland, OH 44115	Paul Shaia - Owner
Vendor Council District:	Project Council District:
7-Representative Yvonne M. Conwell	7-Representative Yvonne M. Conwell
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. N/A Parking lot purchase. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

N/A - Real Estate	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
N/A	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<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.	
N/A	

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

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

HISTORY (see instructions): above

BC2025-66 b)

Title	2025 AMENDMENT to the PURCHASE AND SALE AGREEMENT between Victory Properties, Inc. as Seller and THE COUNTY OF CUYAHOGA, OHIO as Purchaser.	
Department or Agency Name	Department of 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	CM 4710	Victory Properties, Inc.	Closing no later than 150 days after effective date	\$750,000	9/30/2024	R2024-0304
A-2	CM 4710	Victory Properties, Inc.	Closing Date February 7 th 2025	\$ 4,962.50	pending	pending

Service/Item Description (include quantity if applicable).

Amendment 2 to the purchase, to increase the Not-to Exceed amount to cover closing costs. of parking lot located at 1579 Superior Avenue, PPN 102-23-012. The first amendment extended the closing date to 2/7/25.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Approval of amendment for additional funds to cover closing costs.
- Enable the previously approved purchase of the lots to proceed on schedule.
- Provide HHS with significantly improved &
- Secure and control parking next to the County owned VEB to improve the assets future marketability.

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):
Victory Properties, Inc.	Paul Shaia - Owner

812 Huron Road, Suite 701, Cleveland, OH 44115	
Vendor Council District:	Project Council District:
7-Representative Yvonne M. Conwell	7-Representative Yvonne M. Conwell
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. N/A Parking lot purchase. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A - Real Estate	<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	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<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. N/A	

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

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

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

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

Provide status of project.

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

Timeline

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

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

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

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

HISTORY (see instructions): see chart above

BC2025-67

Title	2025 Moving Services Agreement with Andrews Moving and Storage, RFP 15528	
Department or Agency Name	Public Works	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5127	Andrews Moving and Storage	1/27/2025-12/31/2026	\$150,903.00	TBD	TBD

<p>Service/Item Description (include quantity if applicable). Public Works needs moving services related to the Board of Elections- 1801 Superior project. This will be a multiphase move anticipated to take three to six months starting early February 2025. The timeframe may extend due to operational needs.</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): Relocation of the contents of the Halle Building and the Board of Elections over to 1801 Superior Avenue.</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):
Andrews Moving and Storage Co. 10235 Philipp Parkway Streetsboro, Ohio 44241	Bob Jacobs Director of Commercial Business Development
Vendor Council District: NA	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# <u>15228</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: December 16, 2024</p>	<p>Provide a short summary for not using competitive bid process. *See Justification for additional information.</p>
<p>The total value of the solicitation: \$250,000</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 20 / 5</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 (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?</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>

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. PW600120-55200-CFSUP0000101 (capital projects)
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? No Yes (if yes, please explain)

HISTORY (see instructions): This is a new vendor

BC2025-68

Title	Senior Project Manager to Oversee the Jail Management System
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	3321	Protiviti Government Services	05/01/2023 – 04/30/2024	\$250,000.00	05/22/2023	BC2023-322
1 st Amendment	3321	Protiviti Government Services	05/01/2024 – 12/31/2025	\$175,000.00	10/28/2024	BC2024-766
2 nd Amendment	5114	Protiviti Government Services	Extended to 06/30/2026	\$468,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to amend Contract No. CM5114 with Protiviti Government Services, Inc. through its staffing division, Robert Half, to extend time period to June 30, 2026 for the addition of a Senior Project Manager to Oversee the Jail Management System in the amount not-to-exceed \$468,000.00.

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):

The DoIT's Program Management Office is seeking approval to contract with Protiviti for professional services to engage a Senior Project Manager to lead the Jail Management System Implementation project. This initiative is a critical component of the county's efforts to enhance public safety, improve operational efficiencies, and ensure compliance with legal and regulatory requirements. The Senior Project Manager will provide comprehensive project management services, including, but not limited to:

- Overseeing all phases of the Jail Management System Implementation, from initiation to closure.

- Developing and maintaining project schedules, budgets, and plan, coordinating with county stakeholders, vendors, and other third-party entities to ensure timely delivery of project milestones.
- Identifying, documenting, and mitigating project risks while maintaining an issues log and change control process;
- Ensuring project deliverables align with scope, timeline, and budgetary constraints.
- Providing regular status updates.

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

Vendor Name and address:	Owner, executive director, other (specify):
Protiviti Government Services, Inc. 1737 King Street, Suite 230 Alexandria, VA 22314	John Owen Government Services Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is for a 2 nd contract amendment to be used by the Department of Information Technology for an already approved and in-service contract in use by the Fiscal Department. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Joint Cooperative Purchase
	<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 01/16/2025
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 55130
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

BC2025-69

Title	VEB Parking Management Agreement - SHAIAS PARKING, INC	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 5144	SHAIAS PARKING, INC	2/7/2025 – 8/7/2025	\$0	pending	pending

Service/Item Description (include quantity if applicable).
 Shaia's Parking Inc. is to manage and operate commercial parking operations on the parking properties commonly known as 1506 SUPERIOR AVE. PARKING LOT" & "1579 SUPERIOR AVE. on behalf of the property owner Cuyahoga 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 N/A
 Age of items being replaced: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):
 Parking Management and control
 Parking Access
 Lot Maintenance

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

Vendor Name and address: Shaia's Parking, Inc. 812 Huron Road, Suite 701 Cleveland, Ohio 44115	Owner, executive director, other (specify): Paul Shaia, Owner
Vendor Council District:	Project Council District:
Council District 7	Yvonne M. Conwell

If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland
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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. *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. N/A-Revenue generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain):

Revenue generating agreement.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: County owned equipment and software to enable the County to Manage the two parking lots upon closure of purchase was delayed. This caused the County to postpone closing on the purchase of the lots to enable us to get this rushed agreement in place with the current owner/Manager (Shaia's) for them to continue temporary management after the County takes ownership of the lots until the County's equipment is ready and the County can take over. Without this agreement the County would have no way of managing/collecting payments for those using the lots. The rush is due to the Dept of Public Works not expecting the equipment & software delays and therefore did not start work on this agreement until recently; also, purchase of the lots will be finalized on Feb 7, 2025.
Timeline
Project/Procurement Start Date (date your team started working on this item): 2 weeks ago
Date documents were requested from vendor: 1 week ago
Date of insurance approval from risk manager: 1 week ago
Date Department of Law approved Contract: 1 day ago
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Unknow, the contract is still pending review in INFOR.
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):

BC2025-70

Title	CM5068 - 2024-Procurement of UserWay Inc. Accessibility Software Solutions
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.
Original	5068	UserWay Inc	Effective Date- 3 years from the Effective date	\$102,510.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
The Department of Information Technology plans to contract with UserWay Inc. for a period of three (3) years from the Effective Date, for privacy-preserving and customizable AI-powered digital accessibility solutions, with a total contract value not to exceed \$102,000.00.

UserWay would augment the accessibility work that is already implemented for all websites, further enhancing the user experience. Furthermore, UserWay also has language translation services, which is very important, especially following the County’s “Welcome Center” initiatives.
UserWay satisfies not only the business cases requirements: accessible tools, and easy integration but also allows for privacy preservation, branding customization, automated remediation.

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 Contract with UserWay Inc. for Accessibility Software Solutions

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):
UserWay Inc. 1000 North West Street, Suite 1410 Wilmington, DE 19801	Matthew Coons Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process. Although UserWay is a sole source vendor and signed an affidavit stating as such, this contract is being submitted as an exemption.

<input type="checkbox"/> Formal Closing Date:	UserWay satisfies not only the business cases requirements (accessible tools, and easy integration but also allows for privacy preservation, branding customization, automated remediation, and language translation support. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100110

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):	
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Date documents were requested from vendor:	
--	--

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):

BC2025-71

Title	Human Resources; 2025 Amendment 1 with OneSparQ, LLC for ERP Staff Augmentation Services to extend the period to 12/31/2025, change terms by adding IT staff augmentation services, revising insurance, and for additional funds NTE \$182,650.00.
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	4092	OneSparQ, LLC	2/22/2024-12/31/2024	\$165,000.00	2/20/2022	BC2024-128
A-1	4092	OneSparQ, LLC	12/31/2025	\$182,650.00		PENDING

Service/Item Description (include quantity if applicable).

The Department of Human Resources plans to amend contract number 4092 with OneSparQ, LLC for ERP Staff Augmentation to continue to support the ongoing implementation various Global Human Resources (GHR) ERP modules for 2025. These services have proved vital for HR and IT to ensure that function and implementation

of remaining modules goes smoothly. This amendment adds additional available staff for use by IT in support of HR. This consolidates two contracts with this vendor into just this agreement.

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):
 Continue to support implementation of GHR modules, troubleshoot issues during implementation, provide expert advice to HR and IT staff in regards to module setup and use.

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

Vendor Name and address:	Owner, executive director, other (specify):
OneSparQ, LLC 3372 Peachtree Road, NE, Suite 115 Atlanta, Georgia 30326	Larry Trusnik, CEO
Vendor Council District: N/A	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR100100 - \$37,650.00 IT100140 - \$145,000.00
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Services under this agreement continue as needed. This amendment must backdate to 1/1/2025 for continuity.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The original agreement expired 12/31/2024, requiring this amendment to backdate to 1/1/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/8/2024
Date documents were requested from vendor:	10/8/2024
Date of insurance approval from risk manager:	1/14/2025
Date Department of Law approved Contract:	11/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services under this agreement continue as needed. This amendment must backdate to 1/1/2025 for continuity.	

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

HISTORY (see instructions):

BC2025-72

Title	Maintenance, Support, and Data Hosting Services
Department or Agency Name	Fiscal Department on behalf of the Law Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE1400416	Matrix Pointe Software, LLC	03/01/2014 – 02/28/2019	\$225,260.00	10/14/2014	BC2014-256
A-1	CE1400416	Matrix Pointe Software, LLC	03/01/2019 – 02/28/2024	\$172,200.00	05/20/2019	BC2019-380
A-2	1472	Matrix Pointe Software, LLC	03/01/2024 – 02/28/2025	\$34,440.00	04/29/2024	BC2024-319
A-3	1472	Matrix Pointe Software, LLC	03/01/2025 – 02/28/2026	\$34,440.00	Pending	Pending

Service/Item Description (include quantity if applicable).

This contract amendment is from 03/01/2025 – 02/28/2026 for maintenance, support, and data hosting services for the Law Department’s software management system. \$10,740.00 is for standard data hosting and \$23,700.00 is for maintenance and support for a total not-to-exceed amount of \$34,440.00. New Insurance requirements have been set by the Law Department for this amendment.

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):

- Maintenance
- Support
- Data Hosting

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):
Matrix Pointe Software, LLC 30400 Detroit Rd Suite 400 Westlake, OH 44145	Thomas Coury Chairman and Chief Software Architect
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 Law Department has used this software for 10 years. Matrix Pointe Software, LLC provides a reliable product with a proven track record. *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) CNV1 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. Page 4	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. LW100100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-73

Title	Public Safety & Justice Services, 2024: Purchase Order, FarrWest Environmental Supply, Inc.; Cuyahoga County Type 1 HazMat Response Teams
Department or Agency Name	Public Safety & Justice Services

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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	25000021	FarrWest Environmental Supply, Inc	1/3/2025 – 2/28/2025	\$186,900.00	pending	

Service/Item Description (include quantity if applicable). Procuring two (2) FTIR spectroscopy systems capable of identifying hazardous chemicals in gas, liquid or solid form. FTIR spectroscopy provides complimentary technology to RAMAN spectroscopy systems purchases in the last five years. Two methods are required for the region to maintain Ohio-certified Type 1 response status, allowing the team to be a statewide response asset. These two units are half of the four expected to be purchased in 2025 for the four HazMat response teams in 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): The primary goals of the project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.

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):
FarrWest Environmental Supply, Inc 108 Commercial Place, Schertz, TX 78154	Will Chandler Senior Sales Representative
Vendor Council District:	Project Council District:
NA	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> 15149 </u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date: 11/1/2024	*See Justification for additional information.
The total value of the solicitation: \$120,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () 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: Of compliant bids received	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? \$186,900-188,380	<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. NA	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FY2022 State Homeland Security Program (SHSP) 52% FY2021 State Homeland Security Program (SHSP) 48%
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. PJ280135 PJ-22-SHSP / PJ280135 PJ-21-SHSP
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 No Yes, In the fields below provide reason for late and timeline of late submission

Reason: Purchase is not late. This is the second RQ for this project. The initial was rejected due to the insufficient number of bids received. First bid (RQ14880) closes on 9/12/24. The current RQ opened on 10/2/24

Timeline

Project/Procurement Start Date (date your team started working on this item):	5/15/2024
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):

BC2025-74

Title	HHS Cuyahoga Job and Family Services; Revenue Generating; Cuyahoga County Board of Developmental Disabilities for the tine period 1/1/2025-12/31/2025
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" 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	5117	Cuyahoga County Board of Developmental Disabilities	1/1/2025-12/31/2025	\$300,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Provide and employ a sufficient number of CJFS trained workers whose assigned caseloads will exclusively consist of Cuyahoga DD consumers enrolled or seeking enrollment on a DD Medicaid Waiver or Cuyahoga DD consumers who are residents or potential residents of an ICF-IID.

Revenue Generating agreement will be in the amount of \$300,000.00
The start and end date of this agreement is 1/1/2025-12/31/2025.
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): <ul style="list-style-type: none"> • Caseworkers are responsible for determining income eligibility for CCBDD consumers seeking initial enrollment on a DD Medicaid Waiver and ongoing eligibility redeterminations for consumers on a DD Medicaid Waiver. • Income eligibility shall also be determined by unit caseworkers for CCBDD consumers who may be enrolling on a waiver within a reasonable period of time or are residents or potential residents of an ICF-IID. • This agreement will make the enrollment and re-determination process for CCBDD consumers easier by making CJFS caseworkers more accessible to the clients, their families, and CCBDD staff members.

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 Board of Developmental Disabilities 1275 Lakeside Avenue, East Cleveland, Ohio 44114	Dr. Amber Gibbs, Superintendent and CEO
Vendor Council District:	Project Council District:
07	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 type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A revenue generating agreement is being requested because CCBDD is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only

	<p>individuals in Cuyahoga County who can complete enrollments and redeterminations.</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 checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue generating

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:
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 checked="" 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>The project is a revenue-generating agreement where CCBDD will pay CJFS for this program.</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. No accounting units are used because this is revenue generating
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The contract is a revenue generating so the services are still being rendered.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Cuyahoga County and Board of Developmental Disabilities had to negotiate the terms of the next year. The agreement to continue the contract was not until 12/11/2024.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/15/2024
Date documents were requested from vendor:	9/25/2024 ; 10/23/2024; 11/7/2024; 12/10/2024
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	TBD
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
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	3381	Cuyahoga County Board of Developmental Disabilities	1/1/2023-12/31/2023	\$501,362.93	6/20/2023	R2023-0163
A-#1	3381	Cuyahoga County Board of Developmental Disabilities	1/1/2024-12/31/2024	\$527,573.69	1/23/2024	R2024-0025

BC2025-75

Title	Cuyahoga County Division of Senior and Adult Services; The Center for Community Solutions; 2025 Amendment; CCS shall provide fiscal agent and management services for the Council on Older Persons (COOP)	
Department or Agency Name	Department of Health and Human Services, Department of Senior and Adult Services	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): CM3855
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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	CM3855	The Center for Community Solutions	1/1/2024- 12/31/2024	\$20,000.00	10/30/2023	BC2023-684
A- 1	CM3855	The Center for Community Solutions	12/13/2024- 12/31/2025	\$45,200.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Division of Senior and Adult Services is requesting approval of a contract with The Center for Community Solutions in the amount of \$45,200.00 for the time period of 12/13/2024-12/31/2025. The Center for Community Solutions will act as the fiscal agent and manager for the Council on Older Persons, and, as a result shall receive funding for the Council on Older Persons. Additional money was contributed for new services in the Avon area from Job and Family Services, for the Able-Bodied Adults Without Dependents (ABAWD) research project.</p> <p>COOP is an advisory committee of CCS, first established in 1940. Its mission is to promote a better understanding of aging and address the issues and concerns of older person in Greater Cleveland through citizen-led needs assessment, policy development, community education and advocacy. COOP’s members include leaders in the aging network who come together to develop strategies, lead advocacy efforts, and implement solutions.</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</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • Support the mission and operations of COOP by providing funding for fiscal agent and management services • Address concerns of the Aging Community • Community education and advocacy

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 Center for Community Solutions 1501 Euclid Avenue, Suite 310 Cleveland, Ohio 44115	Emily Campbell
Vendor Council District:	Project Council District:
Council District 7	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is the item ERP related? No Yes, answer the below questions.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy– 100%

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.

HS260255 55130 UCH09330 - \$20,000.00

HS260100 55130 UCH09999 - \$25,200.00

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: COOP Amendment 1 was released in early December for approval and DCAP received information on December 5th, 2024 that new services and funding are being added to this amendment for JFS. This Amendment was pulled from the queue and updated to add funding, new services with scope of work, and budget exhibits.

Timeline 12.13.2024-12/31/2025

Project/Procurement Start Date (date your team started working on this item):	11.14.2024
Date documents were requested from vendor:	11.14.2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	Contract revised 12.23.2024

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) New services included, that’s why additional money was granted.

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

HISTORY (see instructions):

BC2025-76

Title	Family and Children First Council/ Family and Children First Council for 9/18/2023 invoice. The purpose of the Purchase Order is to pay for the Cleveland Heights University Heights CTAG invoice in the amount of \$1,713.60.00 for the Closing the Achievement Gap Program	
Department or Agency Name	Family and Children First Council	

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	25000094	Cleveland Heights University Heights School District	9/28/2023	\$1,713.60	Pending	Pending

Service/Item Description (include quantity if applicable).
 Family and Children First Council is requesting approval of a purchase order for an invoice for the CTAG program with Cleveland Heights University Heights School District.

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):
 Work with school district that can identify the bottom 25% quartile measured by grade point average to provide Integrated Student Supports with the Closing the Achievement Gap model. The vendor will recruit, engage, manage, retain and provide intervention methods that enable young people to thrive academically and develop skills that will be applicable for the rest of their lives.

The Community Initiative/Family and Children First Council is requesting authorization to remit payment to Cleveland Heights University Heights School District whose payment was submitted timely by their Project Management. This vendor did not submit their payment for September 28, 2023 invoice before the deadline to submit invoices for 2024.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Heights University Heights School District 2155 Miramar Blvd., University Heights, Ohio 44118 216-371-7171	Superintendent Elizabeth Kirby
Vendor Council District:	Project Council District:

10	10
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. PO to pay for invoice *See Justification for additional information.
The total value of the solicitation: \$1,713.60	<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: Purchase Order

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 Funds 100%

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

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

HS260300

55130

UCH08346

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

Provide status of project.
Current Contract

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

Reason: The project manager of the program submitted a late invoice to the vendor for 9/28/23 in December 2024. The invoice needs to be paid to reimburse the vendor for their payment made to another vendor for a program service. The decision was made to pay the invoice through a Purchase Order.

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/8/24
Date documents were requested from vendor:	12/8/24
Date of insurance approval from risk manager:	na
Date Department of Law approved Contract:	na

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

If late, have services begun? No Yes (if yes, please explain) The contract was initially approved in 2022

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2270	Cleveland Heights University Heights School Districts	1.1.22-12.31.23	\$2,135,727.22	03/22/2022	R2022-0063
A	2270	Same	1.1.24-12.31.24	\$1,075,377.00	12/13/2023	R2023-0338

A	2270	Same	1.1.25-7.31.25	\$642,361.87	12/3/2024	R2024-0388
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C. - Consent Agenda

BC2025-77

TITLE	Public Works – Fleet – Holder Vehicle Disposal
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Declare surplus
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting to declare as surplus a 2020 Holder Tractor and requesting approval to sell said vehicle to the Cleveland Metroparks in the amount of \$75,000.00. This vehicle will not be sold on GovDeals but will be sold to another political subdivision. Included in the sale will be six (6) attachments to include a snow blower, snow plow, salt spreader, debris body, vacuum sweeper and dump bed.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL’S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	NA	
AMENDMENT (A)	NA	

ASSET	YEAR	MAKE	MODEL	SERIAL NO.	ATTACHMENTS INCLUDED
S5455	2020	Holder	C70SC Tractor	WH0222VGZKRC02171	Snow Blower, Snow Plow, Salt Spreader, Debris Body, Vacuum/Sweeper, Dump Bed

BC2025-78

MFG	Model/Description	Serial	Tag	FromBBNloc
Cisco	6296	FOX1834GNM7	95007	Cab-8, RU 23&24
Cisco	6296	FOX1834GNM6	95008	Cab-8, RU 21&22
HP	G3 SAN	2S6352C094	95009	Cab-8, RU 19&20
HP	G2 SAN	MXQ02809WZ	71699	Cab-5, RU 3&4
HP	G2 SAN	MXQ02809W7	71698	Cab-5, RU 1&2
Symantec	Backup	FGBF4483578	95055	Cab-2, RU 38&39
Symantec	Disk Shelf	TB0054016863	95065	Cab-2, RU 35-37
Symantec (Varitas)	Disk Shelf	TB0066016590	88302	Cab-2, RU 32-34
Symantec (Seagate)	Disk Shelf	SHM1012651RD2RE	95056	Cab-2, RU 30&31
Cisco	C220M4 UCS Server	FCH2012v1FU	95058	Cab-2, RU 27

HP	DL360G8	MXQ41404G2	95066	Cab-2, RU 17
HP	Storeonce 5100 Disk	2M200600R7	95063	Cab-1, RU 12&13
HP	Storeonce 5100 Disk	2M284504YL	95061	Cab-1, RU 10&11
HP	Storeonce 5100 Disk	2M284504YN	95060	Cab-1, RU 8&9
HP	Storeonce 5100 Disk	CN380301T2	95062	Cab-1, RU 6&7
HP	Storeonce 5100 Controller	CZ38030N01	95059	Cab-1, RU 4&5
HP	Storeonce 5100 Disk	2M2822048G	95064	Cab-1, RU 2&3
Cisco UCS	UCS Chassis	FOX2117P5RR	95003	Cab-8, RU 11-16
Cisco UCS	UCS Server Blade	FLM214103NJ	N/A	
Cisco UCS	UCS Server Blade	FLM214003LM	N/A	
Cisco UCS	UCS Server Blade	FCH19297QG2	N/A	
Cisco UCS	UCS Server Blade	FCH19377MRU	N/A	
Cisco UCS	UCS Server Blade	FCH1830JA2E	N/A	
Cisco UCS	UCS Server Blade	FCH1704J9MM	N/A	
Cisco UCS	UCS Server Blade	FCH1830JAD9	N/A	
Cisco UCS	UCS Server Blade	FCH1830JAML	N/A	

BC2025-79

Title	2024 Public Works requesting approval of Amendment 1; GHD Services, Inc.; RFQ 10237; Time extension only	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 2886	GHD Services, Inc.	12/19/22 – 12/31/24	\$1,400,000	12/16/2022	R2022-0427
A-1	CM 5129	GHD Services, Inc.	12/31/2025	\$0		

<p>Service/Item Description (include quantity if applicable).</p> <p>This is the first amendment to GHD Services contract. We are looking to extend the length of the contract through 12/31/2025. No additional funds are being requested.</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 <input type="checkbox"/> N/A</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

The goal of this request is to approve the time extension amendment. The goal of the amendment to offer more time to complete the project while taking advantage of the offered grant funding.

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):
GHD Services, Inc. 320 Goddard #200 Irvine, CA 92618	Aaron Holloway Senior Engineer – Maritime & Coastal
Vendor Council District:	Project Council District:
N/A	2
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>10237</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 checked="" type="checkbox"/> Formal Closing Date: 8/11/2022	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) 96 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (19%) SBE (9%) MBE (@=2%) 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: Qualifications based selection.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A – Qualifications based selection.	<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. N/A – no additional funds requested for this amendment
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 – no additional funds requested for this amendment
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: This contract slipped through; Public Works didn’t notice it was so close to expiring. Once we got started with the amendment for time extension folks being off for the holidays did add some delays. Then other projects took priority.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/17/2024
Date documents were requested from vendor:	12/17/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	12/31/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See above

BC2025-80

(See related items for proposed travel/memberships for the week of 2/3/2025 in Section C above).

BC2025-81

(See related items for proposed purchases for the week of 2/3/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Title	KeyBank Banking and Treasury Services P-Card		
Department or Agency Name	Department of Purchasing		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Adding funds for 2025 to contract 4645 for the Pcard program.		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4645	KeyBank National Association	10/1/2024 to 9/30/2028	\$4,600,000.00	R2024-0305	9/24/2024
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$52,000.00 to various user departments	CON2024-98	10/21/2024
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$550,975.00 to various user departments		

Service/Item Description (include quantity if applicable).
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) Allocate funds for Banking and Treasury Services in the total amount not to exceed \$550,975.00
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of? N/A

Project Goals, Outcomes or Purpose (list 3):

Allocating funds from the KeyBank contract to the requesting departments in accordance with the P-Card program. Adding new cardholders for the Board of Developmental Disabilities, Juvenile Court and the Department of Information Technology. Replacing cardholders in the Department of Public Works and the Medical Examiner’s office. Changing coordinators in the Department of Information Technology and Public Works.

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):
KeyBank, National Association 127 Public Square Cleveland, Ohio 44114	Charles Wise Susan Todaro
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. *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 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.
Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.

Department of Children and Family Services: 66% HHS Levy \$13,200.00 & 34 % Title IV-E Fund \$6,800.00

Office of Child Support Services – 66% Federal Funds: \$9,900.00 & 34% HHS Levy \$5,100.00

Health and Human Services – HHS Levy: \$10,000.00

Health and Human Services/Family and Children First Council- HHS Levy: \$1,500.00

Board of Developmental Disabilities: General Fund \$12,000.00
(1) New cardholder

Department of Information Technology- General: \$60,000.00
(1) New cardholder

Department of Public Works – Animal Shelter: Animal Shelter Operations \$7,000.00

Department of Public Works – Airport: Airport Operations Fund \$5,500.00

Department of Public Works-Road and Bridge: Motor Vehicle License and Gas Tax \$37,500.00

Department of Public Works-Road and Bridge: Road and Bridge Fund \$9,500.00

Department of Public Works-Road and Bridge: Sanitary Fund \$8,000.00

Department of Public Works- Transportation: Motor Vehicle License and Gas Tax \$5,000.00

Department of Public Works- Transportation: General Fund \$7,500.00

Department of Public Works- Transportation: Sanitary Fund \$5000.00

Department of Public Works-Sanitary: Sanitary Sewer Fund \$40,000.00

(1) New cardholder

Department of Public Works- Facilities: General: \$40,000.00

(3) New cardholders

Department of Public Works- Facilities: Utility Operations: \$5,000.00

Juvenile Court -General: \$35,625.00

Juvenile Court – HHS Levy: \$5,000.00

Sherrif's Department- CPT: \$25,000.00

Sherrif's Department- General: \$25,000.00

Medical Examiner's Office- General: \$10,000.00

(1) Replacing existing cardholder

Department of Consumer Affairs- General: \$3,000.00

Department of Human Resources – General: \$7,500.00

Department of Equity and Inclusion- General: \$1,500.00

Department of Development – General: \$5,000.00

Department of Housing and Community Development- General: \$5,000.00

Department of Internal Auditing – General: \$8,000.00

Cuyahoga County Planning Commission- General: \$600.00

Department of Law- General: \$5,000.00

Personnel Review Commission- General: \$3,500.00

Public Defender's Office- General: \$5,000.00

Department of Sustainability- General: \$20,000.00

(1) Replacing existing cardholder

Cuyahoga County Veterans Service Commission – General: \$22,000.00

Board of Elections – General: \$30,000.00

Executive Office -General: \$5,000.00

Fiscal Office- General: \$10,000.00

Department of Innovation and Performance- General: \$11,500.00

County Council- General: \$10,000.00

Department of Communications- General: \$9,250.00

Funding Source Breakdown %:

General 64%	Levy 6%	Road and Bridge 2%
Sanitary 8%	Airport Fund 1%	
CPT 5%	Federal 2%	
Title IV-E 1%	Utility Operations 2%	
Animal Shelter 1%	Motor Vehicle and Gas Tax 8%	

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.

HS260130	IT100130	PW755100	JC280105	CL100100	HC100100
HS260300	IT100100	PW700100	JC100115	BE100100	DV100100
HS260100	PW280100	PW720100	JC100100	VC100100	FS100205
HS245100	PW270165	SH100185	IN100100	EX100120	HR100100
DD210125	PW750100	SH100140	FS100100	PD100100	FS100190
IT100135	PW715200	SH285165	EX100100	IA100100	
EX100105	PC100100	LW100100	PR100100	ME100100	

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: Allocating funds from the current Pcard contract

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/13/2024
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Date documents were requested from vendor:	N/A
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Date of insurance approval from risk manager:	N/A
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Date Department of Law approved Contract:	N/A
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A

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

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

HISTORY (see instructions):

Item No. 2

TITLE	2024 – Acceptance - FY24 Urban Area Security Initiative (UASI) Grant Award
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input 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)	FY24 Urban Area Security Initiative (UASI)	9/1/2024 – 12/31/2026	\$1,402,946.00	pending	
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services requests acceptance of the FY2024 Urban Area Security Initiative (UASI) Grant Program award. This is a pass-thru grant from FEMA, with Ohio Emergency Management Agency (OEMA) acting as the State Administrative Agent (SAA). The grant is awarded annually based on federal appropriation. The grant has been award to the Cleveland Urban Area since 2003, with a handful of years when the Urban Area fell off the UASI funding priority list. The FY24 UASI award is the third consecutive cycle of UASI awards after last being awarded in FY2018. The UASI grant program provides funding to "high-threat, high-density Urban Areas" in support of efforts to prevent, prepare for, protect against, respond to, and recover from acts of terrorism. The Cuyahoga County
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	Emergency Services Advisory Board (CCESAB) provides oversight and approval of the projects funded by the UASI grant award.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The primary goals of the FY24UASI project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY24 Urban Area Security Initiative
	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 Various Agreements – Processed and executed (no vote required) for the week of 2/3/2025 in Section V. above).

Item No. 4

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 12/1/2024 – 12/31/2024 Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT