



**Cuyahoga County Board of Control Agenda
Monday, February 10, 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 – 2/3/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-82

Department of Public Works, recommending an award on RQ15059 and enter into Purchase Order No. 25000393 with Valley Motor City, Inc. (18-1) in the amount not-to-exceed \$58,500.00 for the purchase of (1) replacement, new, never titled 2025 Chrysler Voyager Van with conversion for the Sheriff's Department.

Funding Source: General Fund

BC2025-83

Department of Public Works, recommending an award on RQ15391 and enter into Purchase Order No. 25000394 with Dave Hallman Chevrolet, Inc. (13-1) in the amount not-to-exceed \$62,000.00 for the purchase of (2) replacement, new, never titled 2025 Chevy Equinox's for Protective Services.

Funding Source: General Fund

BC2025-84

Department of Housing and Community Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Historic Preservation Group LLC in the amount not-to-exceed \$135,000.00 for consulting services to complete the HUD 5-

Year Consolidated Plan, first year Annual Action Plan and Consolidated Annual Performance and Evaluation Report, effective upon signatures of all parties through 12/31/2025.

- b) Recommending an award and enter into Contract No. 5164 with Historic Preservation Group LLC in the amount not-to-exceed \$135,000.00 for consulting services to complete the HUD 5-Year Consolidated Plan, first year Annual Action Plan and Consolidated Annual Performance and Evaluation Report, effective upon signatures of all parties through 12/31/2025.

Funding Source: Community Development Block Grant

BC2025-85

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2025 – 1/30/2026.
- b) Recommending an award on Purchase Order No. 25000101 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2025 – 1/30/2026.

Funding Source: General Fund

BC2025-86

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$222,364.00 for a joint cooperative purchase of Barracuda Gateway appliances for email security, Advanced Threat Protection, Energize Updates software subscriptions and instant replacement extended services for the period 2/21/2025 – 2/20/2026.
- b) Recommending an award on Purchase Order No. 25000123 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$222,364.00 for a joint cooperative purchase of Barracuda Gateway appliances for email security, Advanced Threat Protection, Energize Updates software subscriptions and instant replacement extended services for the period 2/21/2025 – 2/20/2026.

Funding Source: General Fund

BC2025-87

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 \$51,603.74 for a joint cooperative purchase for the renewal of (20)

BitSight software licenses and various BitSight Cybersecurity Risk Management platform subscriptions for the period of 3/22/2025 – 3/21/2026.

- b) Recommending an award on Purchase Order No. 25000152 to SHI International Corp. in the amount not-to-exceed \$51,603.74 for a joint cooperative purchase for the renewal of (20) BitSight software licenses and various BitSight Cybersecurity Risk Management platform subscriptions for the period of 3/22/2025 – 3/21/2026.

Funding Source: General Fund

BC2025-88

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Constant Contact, Inc. in the amount not-to-exceed \$7,828.80 for Email Plus subscription services to manage content, press releases and other communications across email and social media platforms for the period 2/20/2025 – 2/19/2026.
- b) Recommending an award on Purchase Order No. 25000275 to Constant Contact, Inc. in the amount not-to-exceed \$7,828.80 for Email Plus subscription services to manage content, press releases and other communications across email and social media platforms for the period 2/20/2025 – 2/19/2026.

Funding Source: General Fund

BC2025-89

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 3343 with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for implementing the Essential Behavioral Health Interventions and Criminogenic Needs Program for Severely Mentally Ill Offenders (BHI-CN Program) on behalf of the Cuyahoga County Adult Probation Department for the period 4/1/2023 – 6/30/2024 to extend the time period to 6/30/2025; to amend the Liability Section of the original contract in accordance with Attachment 1 and for additional funds in the amount not-to-exceed \$392,493.00.

Funding Source: 22% General Funds, 22% Health and Human Services Levy Fund, 56% Targeted Community Alternatives to Prison (CTAP) Grant.

BC2025-90

Court of Common Pleas/Corrections Planning Board, recommending an award and enter into Agreement No. 5124 with Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County in the amount not-to-exceed \$89,700.00 for Piloting a Mental Health Docket Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders for the period 7/1/2024 – 12/31/2025.

Funding Source: Ohio Department of Rehabilitation and Correction (ODRC) Targeted Community Alternatives to Prison Grant

BC2025-91

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2881 with Edwins Leadership & Restaurant Institute for professional and technical services for a culinary and hospitality program for youth residents of the Cuyahoga County Juvenile Detention Center for the period 11/8/2022 – 12/31/2024 to extend the time period 12/31/2026, to replace the insurance requirements, effective 1/1/2025, and for additional funds in the amount not-to-exceed \$247,200.00.

Funding Source: General Fund

BC2025-92

Court of Common Pleas/Juvenile Court Division, submitting amendments to agreements with various municipalities 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 total amount not-to-exceed \$14,400.00.

- a) Agreement No. 4244 (fka Agreement No. 4002) with City of Olmsted Falls in the amount not-to-exceed \$1,800.00.
- b) Agreement No. 4378 with Broadview Heights in the amount not-to-exceed \$6,000.00.
- c) Agreement No. 4479 with City of Rocky River in the amount not-to-exceed \$6,600.00.

Funding Source: Health and Human Services Levy Fund

BC2025-93

Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Pipette Pros, LLC in the amount not-to-exceed \$6,308.25 for annual calibrations and certification services for various single and multi-channel pipettes for the Regional Forensic Science Lab.
- b) Recommending an award on Purchase Order No. 25000308 to Pipette Pros, LLC in the amount not-to-exceed \$6,308.25 for annual calibrations and certification services for various single and multi-channel pipettes for the Regional Forensic Science Lab.

Funding Source: General Fund

BC2025-94

Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Lake Balance Calibration Solutions in the amount not-to-exceed \$7,915.00 for calibration services on various lab equipment, calipers, analytical weights and centrifuges.

- b) Recommending an award on Purchase Order No. 25000330 to Lake Balance Calibration Solutions in the amount not-to-exceed \$7,915.00 for calibration services on various lab equipment, calipers, analytical weights and centrifuges.

Funding Source: General Fund

BC2025-95

Sheriff’s Department, submitting an amendment to Contract No. 167 with Guardian Alarm Company for monitoring services on alarm systems located in various County buildings for the period 1/1/2019 – 12/31/2024 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$9,000.00.

Funding Source: General Fund

BC2025-96

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Precision Industrial Services in the amount not-to-exceed \$13,999.98 for a state contract purchase and installation of Mannington carpet tiles and related flooring materials for the replacement of carpeting on the 8th and 9th floor of the Justice Center.
- b) Recommending an award on Purchase Order No. 25000310 to Precision Industrial Services in the amount not-to-exceed \$13,999.98 for a state contract purchase and installation of Mannington carpet tiles and related flooring materials for the replacement of carpeting on the 8th and 9th floor of the Justice Center.

Funding Source: General Fund

C. – Consent Agenda

BC2025-97

Fiscal Department, presenting proposed travel/membership requests for the week of 2/10/2025:

Dept:	Department of Public Works							
Event:	State Association Summit 2025							
Source:	National Animal Care and Control Association							
Location:	Las Vegas, NV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Deborah Conway	4/13/2025 – 4/15/2025	\$0.00	\$120.00	\$0.00	\$40.00	\$331.48	\$491.48	Dick Goddard Best Friends Fund
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*Paid to host

**Staff reimbursement

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

**** Lodging will be covered by the National Animal Care and Control Association through a grant from Maddie’s fund

- Lodging - \$235.72
Total: \$235.72

Purpose:

Requested by NACA to actively participate in the summit as a representative of the State of Ohio. As the President of the Ohio County Dog Warden's Association, Debbie was an ideal candidate to represent Ohio.

Dept:	Department of Public Works							
Event:	Animal Care Expo 2025							
Source:	Humane Society of the United States							
Location:	Las Vegas, NV							
Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Deborah Conway	4/15/2025 – 4/18/2025	\$375.00	\$164.00	\$493.20	\$40.00	\$331.48	\$1,403.68	Dick Goddard Best Friends Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Requested by NACA to actively participate in the Summit as a representative of the State of Ohio. As the President of the Ohio County Dog Warden's Association, Debbie was an ideal candidate to represent Ohio. The Summit is one day prior to the HSUS Expo Animal Welfare Conference.

Dept:	Fiscal Office							
Event:	2025 Professional Development Training							
Source:	AGA							
Location:	Nashville, TN							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Brad Cromes	7/27/2025 – 7/30/2025	\$975.00	\$0.00	\$651.00	\$50.00	\$309.00	\$1,985.00	Delinquent Tax Assessment Collections Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The 2025 Professional Development Training provides valuable insights from leading government financial management professionals and industry experts. With over 3,000 attendees, PDT offers three and a half days of educational sessions designed to equip federal, state, local government, and private sector financial professionals with the skills and knowledge needed to enhance leadership, improve performance in cost-constrained environments, and address shared challenges using best practices.

Dept:	Public Defender’s Office
Event:	DWI Detection & SFST Student Training Course
Source:	National Highway Traffic Safety Administration
Location:	Atlanta, GA

Staff	Travel Dates	Registration **	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Tara Murray	3/27/2025 – 3/30/2025	\$750.00	\$144.00	\$497.68	\$159.84	\$523.96	\$2,075.48	General Fund 78% reimbursed by Office of the Ohio Public Defender
Krista Wallace	3/27/2025 – 3/30/2025	\$750.00	\$144.00	\$497.68	\$159.84	\$523.96	\$2,075.48	General Fund 78% reimbursed by Office of the Ohio Public Defender
Abraham Del Rio	3/27/2025 – 3/30/2025	\$750.00	\$144.00	\$497.68	\$159.84	\$523.96	\$2,075.48	General Fund 78% reimbursed by Office of the Ohio

								Public Defender
Hannah Scifres	3/27/2025 – 3/30/2025	\$750.00	\$144.00	\$497.68	\$159.84	\$523.96	\$2,075.48	General Fund 78% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

Hands on training to become certified in the administering the standardized field sobriety testing allowing the attorneys to understand the procedures behind the tests given in OVI traffic stops.

Dept:	Sheriff’s Department							
Event:	2025 National Sheriff’s Association Winter Conference							
Source:	National Sheriff’s Association							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harold Pretel	1/31/2025 – 2/5/2025	\$750.00	\$332.00	\$2,000.00	\$350.00	\$650.00	\$4,082.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

Purpose:

To attend the annual NSA Winter Conference/Training

Dept:	Department of Public Safety and Justice Services							
Event:	2025 National AMBER Alert Symposium							
Source:	National Criminal Justice Training Center							
Location:	Washington, DC							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jacquelynn Costa	02/24/2025 – 2/26/2025	\$0.00	\$136.00	\$392.00	\$250.00	\$332.44	\$1,110.44	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

This training request is to attend the National AMBER Alert Conference being held in Washington D.C. February 25-26, 2025. As the regional AMBER Alert Coordinator for Northeast Ohio, I believe this training will be an excellent opportunity to meet with peers who also work with missing children and AMBER Alerts and possibly learn ways to improve our AMBER Alert Program and processes here in Northeast Ohio. This training will also provide an opportunity to learn more about the investigative process when handling missing children, providing a larger scope of understanding, and fostering collaboration among both responders and CECOMS in an AMBER Alert situation. Lastly, I would use the material I have learned to train our local responders and CECOMS staff.

BC2025-98

Department of Purchasing, presenting proposed purchases for the week of 2/10/2025:

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
25000411	Aircraft Rescue & Fire Fighting Siren Repair	Department of Public Works	Paladin Protective Systems Inc.	\$10,646.25	General Fund
25000418	Various sizes of promotional t-shirts for Animal Shelter	Department of Public Works	Axent Graphics	Not-to- exceed \$20,000.00	Animal Shelter Operating Fund
25000475	Spay, Neuter and Transportation Services for the Cuyahoga County Animal Shelter	Department of Public Works	PetFix Northeast Ohio	Not-to- exceed \$12,000.00	Animal Shelter Operating Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff’s Department, submitting a grant award from the U.S. Department of Justice/Office of Justice Programs/Bureau of Justice Assistance in the amount of \$54,219.00 for reimbursement of expenses associated with associated with Foreign Born Inmates booked into the County Jail in connection with the FY2024 State Criminal Alien Assistance Grant Program for the period 7/1/2012 – 12/31/2025.

Funding Source: FY2024 State Criminal Alien Assistance Grant

Item No. 2

Department of Public Safety and Justice Service, submitting a Subaward Adjustment Notice from Ohio Department of Youth Services for youth diversion programming services in connection with the FY2024 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2024 – 12/31/2025 to extend the time period to 6/30/2026.

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

Item No. 3

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
n/a	4921 (fka Contract No. 2525)	Applewood Centers, Inc.	Emergency respite and crisis bed services for youth referred by the Coordinated Approach to Misdemeanors (CALM) Program to modify Unit Rate to discontinue the Courts residential respite bed hold, effective 30 days after execution.	\$0.00	Court of Common Pleas/Juvenile Court Division	7/1/2021 – 6/30/2026	(Original) RECLAIM Grant	2/2/2024 (Executive)

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, February 3, 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 11:02 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Michael Dever, Director Department of Public Works
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Councilmember Michael Houser
Councilmember Robert Schleper

II. – REVIEW MINUTES – 1/27/2025

Michael Chambers motioned to approve the minutes from the January 27, 2025, meeting; Meredith Turner 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

BC2025-64

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-64 was approved by unanimous vote.

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

Thomas Pavich, Department of Public Works, presented. Michael Houser asked can you tell me a little more detail on some of the problems with the parking lots and what these additional funds will help rectify. Meredith Turner jokingly asked “sorry”, running into the gates. Michael Chambers commented a lot of people. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-65 was approved by unanimous vote.

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%~~ **100%** Parking Services Fund ~~and 50% General Fund~~

John Myers, Department of Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-66 was approved by unanimous vote. Second vote: Meredith Turner motioned to approve the item as amended; Michael Houser seconded. Item BC2025-66 was approved by unanimous vote as amended.

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

John Myers, Department of Department of Public Works, presented. Michael Houser asked whether the \$150k covers the entire cost of the move or a portion of it. Meredith Turner asked will the election this spring be in this new location. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-67 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented Meredith Turner asked when we will actually have the kick-off. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-68 was approved by unanimous vote.

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

John Myers, Department of Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-69 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-70 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-71 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-72 was approved by unanimous vote.

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 sessions for the Cuyahoga County Type 1 HAZMAT team.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Michael Houser asked do we know whether other counties are successfully using this software. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-73 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-74 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-75 was approved by unanimous vote.

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

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-76 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-77 through BC2025-81; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

Meredith Turner asked not specifically to anything on this agenda but does a document exist that shows Professional Development, and how much were spending annually by department. Michael Chambers commented we'll see what we can come up with. Michael Chambers will follow up with the information.

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
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*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 and (4) FortinetCare 3 year comprehensive support	Prosecutor’s Office	Axelliant LLC	\$5,689.28	2023 Ohio Internet Crimes Against Children Task 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	FY2023Urban 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
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*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) Sherrif's Department \$25,000.00; CPT
- gg) Sherrif'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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-82

Title	Public Works- (1) 2025 New Chrysler Van Voyager w/Conversion – Valley Motor City
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	25000393	Valley Motor City, Inc.	Execution	\$58,500.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). This purchase order is for one (1) 2025 Chrysler Voyager Van with conversion. This will replace a Sheriff prisoner transport 2019 Caravan with 207,000 miles via Gov Deals.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: 6 years / 207,000 miles How will replaced items be disposed of? GovDeals</p>
<p>Project Goals, Outcomes or Purpose (list 3): Cuyahoga County’s Fleet Division is in search of a vendor who can supply one (1) 2025 Chrysler Voyager Van with conversion that will replace a high mileage 2019 Sheriff prisoner transport Caravan.</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):
Vally Motor City, Inc. 4100 State Rd. Cuyahoga Falls, Ohio 44223	Mikayla Martin, Government Sales
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 12/4/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$58,500.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 18/1	<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 () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Only 1 bid submitted.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

Is funding for this included in the approved budget? 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.
PW755100 70100

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	10.28.24
Date documents were requested from vendor:	11.14.24
Date of insurance approval from risk manager:	10.28.24
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions):

BC2025-83

Title	Public Works- Fleet-Two (2) New Chevy Equinox's – Dave Hallman Chevrolet	
Department or Agency Name	Department Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	25000394	Dave Hallman Chevrolet, Inc.	Execution	\$62,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). This purchase order is for two (2) new Chevy Equinox's that will replace a 2008 Dodge Charger with 156,000 miles and a 2013 Ford Explorer with 181,515 miles.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: 2008 and 2013 How will replaced items be disposed of? GovDeals</p>
<p>Project Goals, Outcomes or Purpose (list 3): Cuyahoga County's Fleet Division is in search of a vendor who can supply two (2) new Chevy Equinox's that will replace a 2008 Dodge Charger and a 2013 Ford Explorer, both with high mileage.</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):
Dave Hallman Chevrolet, Inc. 1925 State Street Erie, PA 16501	Joseph Fallon, Fleet Manager
Vendor Council District:	Project Council District:
NA	NA
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 01/08/2025</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: \$62,000.00</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 18/1</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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? Only 1 bid received.	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW755105 70100 PW-FLEET-FAC
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):	9.17.24
Date documents were requested from vendor:	12.12.24
Date of insurance approval from risk manager:	11.4.24
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

BC2025-84

Title	Department of Housing and Community Development / Historic Preservation Group LLC / Contract 5164 / HUD 5-year Consolidated Plan, 1st year Action Plan, and Consolidated Annual Performance and Evaluation Report
Department or Agency Name	Department of Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5164	Historic Preservation Group LLC	2/10/2025 – 12/31/2025	\$135,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Housing and Community Development is requesting approval of a contract, per the chart above, to secure services needed to complete the required HUD 5-year Consolidated Plan, 1st year Action Plan, and Consolidated Annual Performance and Evaluation Report.

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):

Complete an involved planning process which results in an updated 5-year HUD approved Consolidated Plan (CONS) to include 1-year Annual Action Plan, Consolidated Annual Performance and Evaluation Report (CAPER), and an updated Analysis of Impediments to Fair Housing choice (AI) via the Affirmatively Furthering Fair Housing (AFFH) rule, pursuant to Title 24 Codified Federal Regulations, Part 91.

The Consolidated Plan serves as an application for entitlement grant programs; Community Development Block Grant (CDBG); HOME Investment Partnerships (HOME); and the Emergency Solutions Grant (ESG).

The Consolidated Plan is for the period January 1, 2025 through December 31, 2029.

The CAPER must be completed and available for public comment no later than March 14, 2025. The Report must be submitted to HUD no later than March 31, 2025.

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

Vendor Name and address:	Owner, executive director, other (specify):
Historic Preservation Group LLC 2425 W 11 th Street, Suite 4 Cleveland, OH 44113	Heather Rudge, President
Vendor Council District: 8	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>Event - 6086</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 1/13/2025	Provide a short summary for not using competitive bid process. An Informal RFQ was released, but the responses were in excess of the IRFQ funding limit, thus an exemption is being used. See details in the competitive section. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 20 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<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)
Prices exceeded the IRFQ limit – processing as Exemption.	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Community Development Block Grant
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. HC223165 – 55130 – HC-24-CDBG-ADM
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Vendor ready to begin in order to meet HUD deadlines.	
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):

BC2025-85

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

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000101 JCOP	MNJ Technologies Direct, Inc.	01/31/2025 – 01/30/2026	\$13,644.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the time period January 31, 2025 – January 30, 2026 for Pluralsight Business Licenses in the amount of \$13,644.00. Qty. 18 Pluralsight Skills Enterprise Annual Licenses

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):
 Pluralsight is a web-based training platform for the IT Web Groups. This application will allow for training to be completed online at desks on a multitude of topics pertaining to current and emerging technologies rather than sending individuals offsite. This training application has been in use since 2019. MNJ Technologies Direct is able to provide Cuyahoga County with joint cooperative contract pricing which saves a total of \$97.56 for the 2025 subscription year.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with joint cooperative contract pricing. Contract NCPA-01-148 expires November 30, 2025. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA-01-148 expires November 30, 2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100110
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

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

Payment Schedule: 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: Required updated 2025 purchasing forms completed by vendor.

Timeline
 11/14/2024 - TPR received
 12/1/2024 – Requested new vendor quote
 12/18/2024 – Received new quote with better pricing
 12/19/2024 – Requested CTO approval
 1/8/2025 – CTO approval
 1/14/2025 – Submitted to Department of Purchasing for review
 1/24/2025 – Department of Purchasing review complete, queued for scheduling

Project/Procurement Start Date (date your team started working on this item):	11/14/2024
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Date documents were requested from vendor:	12/1/2024
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24001072 EXMT	DLT Solutions, LLC	01/31/2024 – 01/30/2025	\$13,741.02	03/25/2024	BC2024-212

BC2025-86

Title	Barracuda Web Filter and Email Subscription
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000123 JCOP	MNJ Technologies Direct, LLC	02/21/2025 – 02/20/2026	\$222,364.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Barracuda Web Filter and Email Subscription in the amount of \$222,364.00.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)
 This is a renewal which is co-termining DoIT's web filter and email subscriptions.

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):
 Barracuda Web Filter is a network security appliance that acts as a gateway between a company's internal network and the internet, primarily used to block access to inappropriate web content, malicious websites, spyware, and viruses by filtering internet traffic based on pre-defined policies, essentially controlling what employees can access online while protecting against potential threats. Barracuda Email Protection is a cloud-based service that safeguards businesses from email-borne threats like spam, malware, phishing, and other malicious content by utilizing an advanced email gateway and AI-powered detection to filter and block suspicious emails before they reach users' inboxes. Barracuda also includes features for detecting and responding to advanced threats like impersonation attacks and account takeovers.

Services are being co-termed for one-year, 02/21/2025 – 02/20/2026.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. All vendors who are awarded joint cooperative contracts have gone through a formal bidding and award process. MNJ Technologies Direct has been awarded a cooperative contract through Sourcewell and is able to provide Cuyahoga County with joint cooperative contract pricing. In order to look at other products, the Department of Information Technology would need to reevaluate the County standard and do a thorough review of other products as this would completely change the current infrastructure. MNJ Technologies Direct is able to provide Cuyahoga County with joint cooperative contract pricing. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract NCPA-01-148 expires November 30, 2025.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100135
Is funding for this included in the approved budget? <input 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):

BC2025-87

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

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000152 JCOP	SHI International Corp	03/22/2025 – 03/21/2026	\$51,603.74	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with SHI International Corp., during March 22, 2025 – March 21, 2026 for BitSight Cybersecurity Software in the amount of \$51,603.74.

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

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):
 BitSight will provide Security Governance, Cyber Risk Management, and Security Controls Tracking for major County technology vendors and review for new vendors. This will save an average of 4-10 hours of Security Analyst time reviewing new vendors to the County, this also has the potential to assist Legal Risk Management. The system is licensed to "Cuyahoga County" and can in the future provide access/services to other Cuyahoga government entities, such as RTA, Cuyahoga Library, etc.

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. A competitive process was completed through Sourcwell with an award being made to SHI International Corp. All vendors awarded a joint cooperative purchasing contract have gone through a formal competitive bid process which includes being vetted and formally awarded. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcwell joint cooperative purchasing contract #121923SHI expires 02/27/2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% General Fund IT100135

Is funding for this included in the approved budget? 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):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24001143 JCOP	SHI International Corp.	03/22/2024 – 03/21/2025	\$47,864.47	03/18/2024	BC2024-213

BC2025-88

Title	Constant Contact 15,001 – 160,000 Contacts Subscription		
Department or Agency Name	Department of Information Technology		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25000275 EXMT	Constant Contact, Inc.		\$7,828.80	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with Constant Contact, Inc., for Constant Contact 15,001 – 160,000 Contacts Subscription in the amount of \$7,828.80. This request is for a one-year subscription, beginning April 1, 2025. Constant Contact does not provide exact subscription dates as each subscription runs based on how many contacts are used during a given time period. The Department of Information Technology anticipates the current level of contacts to be lower by April and forecasts the need for more contacts to be added.

Indicate whether: New service/purchase Existing service/purchase Replacement for an existing service/purchase (provide details in Service/Item Description section above)
 This request is for a subscription renewal of Constant Contact.

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):
 Constant Contact is used to efficiently manage content and send out press releases and other pertinent County information across email and several other social platforms used by Cuyahoga County.

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

Vendor Name and address:	Owner, executive director, other (specify):
1601 Trapelo Road, Suite 329 Waltham, MA 02451	Chris Ten Billing 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. Constant Contact, the DoIT approved standard, is the current software platform in use by Cuyahoga County. Constant Contact is the owner and manufacturer of the Constant Contact software, which is currently used by the Department of Information Technology. In past years, informal bidding attempts have yielded no vendor replies. Buying directly from the manufacturer provides Cuyahoga County with a 30% subscription discount. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% General Fund IT100110 54020

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):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24000600 EXMT	Constant Contact		\$9,609.60	02/20/2024	BC2024-125

BC2025-89

Title	ADAMHS Board – First Amendment Recovery Resources	
Department or Agency Name	Corrections Planning Board, Common Pleas Court	

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):
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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.
Original	3343	ADAMHS Board	April 01, 2023 through June 30, 2024	\$469,116.80	05/15/2023	BC2023-308
First Amendment	3343	ADAMHS Board	July 1, 2024 – June 30, 2025	\$306,493.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>The Corrections Planning Board’s “Essential Behavioral Health Interventions and Criminogenic Needs Program” (BHI-CN Program) will divert from the criminal justice system offenders who are currently under community control, assessed as low/low-moderate risk to re-offend, and suffer from chronic and persistent Serious Mental Illness (SMI)—through participation in wrap-around services that ensure a smooth transition of re-engagement into the community. SMI Clients will participate in the BHI-CN Program at Recovery Resources under a Forensic Assertive Community Treatment (FACT) approach. FACT is an evidence-based practice recommended by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). It improves outcomes for people with severe mental illness who are most at risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system. It is a multidisciplinary team approach that promotes assertive outreach in the community while offering consistent, caring, person-centered relationships to affect outcomes and quality of life positively. Hence it supports a continuum of care utilizing the Risk-Need-Responsivity model to ensure a well-executed discharge path forward. In doing so, FACT provides targeted outreach, crisis services to prevent relapse, substance use treatment, and other physical health and employment services.</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>Utilizing the FACT Approach, the impact of the BHI-CN Program is two-fold: (1) divert low-risk/low-moderate risk offenders involved with the criminal justice system from a prison sentence or reduce their Court appearances for new charges through adherence to their recommended community treatment plans, and (2) support offenders through engagement in behavioral health services meeting the needs of the “whole person” including, but not limited to, physical health, mental health substance use issue and social determinants of health.</p> <p>Decrease recidivism rates for the MHDD Court’s SMI population participating in and discharged from the BHI-CN Program, reducing the likelihood of returning to the criminal justice system.</p> <p>The contract requires the development of a Data Management Tool addressing SMI Clients’ compliance with their Treatment Plans, allowing for the measurement of client engagement with services. The Court is using a</p>

Data Management Tool to track participants accepted into the BHI-CN Program. After an extensive program planning period, the program started in April 2024. Therefore, data is incomplete at this time.

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):
Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, 2012 W. 25th Street, 6th Floor Cleveland, OH 44113	Scott Osiecki, Chief Executive Officer
Vendor Council District:	Project Council District:
ALL	ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT (N/A)	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) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 78% by the Common Pleas Court (General Fund 22%, TCAP Grant Fund 56%) + 22% by the ADAMHS Board (HHS Levy Fund).
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. CP285170
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Ongoing at this time.
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: Development of contract amendment has been postponed due to delays caused by the new grant proposal work. Additionally, vendor delays resulting from a staff change have caused a delay in receiving documents for procurement processing.
Timeline
Project/Procurement Start Date (date your team started working on this item): 8.16.24
Date documents were requested from vendor: 8.19.24
Date of insurance approval from risk manager: 11.26.24
Date Department of Law approved Contract: 1.3.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Development of contract amendment has been postponed due to delays caused by the new grant proposal work. Additionally, vendor delays resulting from a staff change have caused a delay in receiving documents for procurement processing.
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Need to provide continuing services to probationers.
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2025-90

Title	ADAMHS Board MH-ADC Pilot Program (Signature Health)- High Risk	
Department or Agency Name	Corrections Planning Board	
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	5124	ADAMHS Board	July 1, 2024 – December 31, 2025	\$89,700.00		

Service/Item Description (include quantity if applicable).
 This item is a new contract requesting the ADAMHS Board contract with Signature Health to provide Case Management Services for offenders desiring to participate in the MH-ADC Pilot Program but are not eligible to receive federal grant funding support due to their criminal history as defined in Attachment A (“non-eligible offenders”).

Signature Health will provide case management services to non-eligible offenders referred for services under the MH-ADC Pilot Program. A Case Manager will provide the following services: (see Attachment B for further information).

- Attend all court team meetings, hearings and staffings,
- Provide recommendations for therapeutic approaches and interventions,
- Collaborate with the Court and treatment teams,
- Meet with participants in the community setting at minimum once per month,
- Link participants with needed behavioral health outpatient services,
- Provide clinical services at Signature Health's outpatient centers,
- Attend necessary trainings and partnership meetings,
- Engage and outreach non-eligible offenders, at minimum once per week,
- Liaise with Matt Talbot Inpatient Treatment for discharge planning efforts of those non-eligible offenders exiting treatment, and
- Liaise with other community medical and behavioral health agencies where non-eligible offenders may be receiving mental and physical health services.

It is anticipated that the Signature Health Case Manager will serve 50-65 unduplicated non-eligible offenders over the one-year contract period. Signature Health will meet with non-eligible offenders in the community setting, including Signature Health’s outpatient centers.

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):
Goal: Implement a mental health docket incorporating an Adult Drug Court Model involving case management services to improve outcomes for non-eligible offenders with co-occurring disorders (e.g., reduce terminations, jail days, recidivism, etc.)

Signature Health understands that the Corrections Planning Board and/or Specialty Court Administrator may require quarterly meetings to review monthly MH-ADC Pilot Program non-eligible offender data submitted to the Court. The purpose of the meetings is to ensure program success and sustainability.

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: Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County 2012 W. 25th St. Cleveland, OH 44113	Owner, executive director, other (specify): Scott S. Osiecki, Chief Executive Officer
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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 ADAMHS Board is an entity of Cuyahoga County that is a leader in screening and selecting certified vendors to service County residents that need substance abuse and mental health counseling. The ADAMHS Board's oversight of the selected vendors is crucial in maintaining standards set by Ohio Department of Mental Health and Addiction Services. The ADAMHS Board will oversee Signature Health will provide similar services for docket clients under a federal grant, so the Court has decided that the vendor will also offer docket clients not eligible for federal grant support similar services under this contract.

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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% of Ohio Department of Rehabilitation and Correction (ODRC) Targeted Community Alternatives to Prison Grant funds will support this contract.
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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. This project has started.
--

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: Development of the new contract has been postponed due to delays caused by the new grant proposal work. Additionally, vendor delays resulting from a staff change have caused a delay in receiving documents for procurement processing.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Draft contract released on April 23, 2024
Date documents were requested from vendor:	June 20, 2024
Date of insurance approval from risk manager:	1.3.25
Date Department of Law approved Contract:	11.25.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Development of the new contract has been postponed due to delays caused by the new grant proposal work. Additionally, vendor delays resulting from a staff change have caused a delay in receiving documents for procurement processing.	
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): This is a new contract

BC2025-91

Title	2025-2026 DETENTION CENTER CULINARY AND HOSPITALITY PROGRAM EDWINS LEADERSHIP & RESTAURANT INSTITUTE
Department or Agency Name	Cuyahoga County Juvenile Court
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	2881	Edwins Leadership & Culinary Inst.	11/08/2022-12/31/2024	\$263,200.00	11/7/2022	BC2022-670
A-1	2881		01/01/2025-12/31/2026	\$247,200.00	Pending	Pending

Service/Item Description (include quantity if applicable). To provide professional and technical services for a culinary and hospitality program for youth residents of the Cuyahoga County Juvenile Detention Center.
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): Phase 1 is two (2) weeks in length and includes introductory classes in a more formal classroom setting. Students passing this Phase would receive their ServSafe Person in Charge (PIC) Certificate and Ohio Level 1 Certification and be offered the option for the ServSafe Manager Test as well as Ohio Level 2 Certification. Phase 2 is four (4) weeks in length and includes food service 101 classes in the teaching kitchen. Phase 3 is four (4) weeks in length and includes higher level food service classes in the main kitchen of the CCJDC. Students passing all Phases receive a certificate stating they have completed the EDWINS Culinary and Hospitality Program.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: EDWINS Leadership & Restaurant Institute 13101 Shaker Square, Cleveland, Ohio 44120	Owner, executive director, other (specify): Brandon Chrostowski
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County Juvenile Court

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

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

Is Purchase/Services technology related <input 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 type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC100115-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The Law Department was short staffed and couldn't get the Amendment done in time.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/06/2024
Date documents were requested from vendor:	12/12/2024
Date of insurance approval from risk manager:	01/22/2025
Date Department of Law approved Contract:	12/24/2024
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)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-92 a)

Title	CCJC 25-26 Community Diversion Program contract with the City of Olmsted Falls
Department or Agency Name	Cuyahoga County Juvenile Court
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	4244	City of Olmsted Falls	1/1/24- 12/31/24	\$900.00	1/16/2024	BC2024-47
A-1	4244	City of Olmsted Falls	1/1/25-12/31/26	\$1,800.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.

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):
 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.
 80% of YOUTH referred will be engaged in and complete services with no new charges.
 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of Olmsted Falls	Owner, executive director, other (specify): Det. Robert Swope (Programmatic Contact)
26100 Bagley Road, Olmsted Falls, Ohio 44138	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Olmsted Falls

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. Government Purchase *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) Government Purchase <input type="checkbox"/> Other Procurement Method, please describe:

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

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

JC280105-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Documents were late and needed revised insurance.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	01/28/2025
Date Department of Law approved Contract:	09/19/2024
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)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-92 b)

Title	CCJC Amendment Community Diversion Program contract with the City of Broadview Heights
Department or Agency Name	Cuyahoga County Juvenile Court
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	4378	City of Broadview Hts.	1/1/24- 12/31/24	\$1,800.00	05/06/2024	BC2024-344
A-1	4378	City of Broadview Hts.	1/1/25-12/31/26	\$6,000.00	Pending	pending

Service/Item Description (include quantity if applicable).
 Implements effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.

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):
 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

80% of YOUTH referred will be engaged in and complete services with no new charges.

90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of Broadview Heights	Owner, executive director, other (specify): Cheryl Seidenwand (Programmatic Contact)
9543 Broadview Road Broadview Heights, Ohio 44147	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Broadview Heights

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. Government Purchase *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100 % Health and Human Services Levy
Is funding for this included in the approved budget? <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. JC280105-55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor submitted the documents late and issues with insurance requirements.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09/12/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	01/23/2025
Date Department of Law approved Contract:	09/12/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

BC2025-92 c)

Title	CCJC 25-26 Community Diversion Program contract with the City of Rocky River
Department or Agency Name	Cuyahoga County Juvenile Court
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	4479	City of Rocky River	1/1/24- 12/31/24	\$7,800.00	05/13/2024	BC2024-362
A-1	4479	City of Rocky River	1/1/25-12/31/26	\$6,600.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 Implement effective services with a focus on rehabilitation and accountability versus deterrence-based sanctions. This includes skills building groups, Restorative Justice programs, community service and mentoring to name a few.

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):
 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.

80% of YOUTH referred will be engaged in and complete services with no new charges.

90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.

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: City of Rocky River	Owner, executive director, other (specify): Julie Morrion (Programmatic Contact)
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21012 Hilliard Boulevard Rocky River, Ohio 44116	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Rocky River

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. Government Purchase *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) Government Purchase
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% Health and Human Services Levy

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

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

JC280105-55130

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: The vendor was late turning in documents

Timeline

Project/Procurement Start Date (date your team started working on this item):	09/13/2024
Date documents were requested from vendor:	09/20/2024
Date of insurance approval from risk manager:	01/23/2025
Date Department of Law approved Contract:	09/19/2024

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

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

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

HISTORY (see instructions): see chart above

BC2025-93

Title	The Medical Examiner’s Office requests an exemption for Purchase Order #25000308-EXMT for the 2025 bi-annual calibration services ISO 17025 of the Labs Single and Multi-Channel Pipettes, to Pipette Pros LLC in the amount of \$6,308.25.
Department or Agency Name	Medical Examiner’s Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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	PO#25000308 -EXMT	Pipette Pros LLC	na	\$6,308.25	pending	pending
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Service/Item Description (include quantity if applicable).
Single and Multi-Channel Pipette Calibrations for ISO 17025 Certification, which is the standard labs must hold for accreditation in order to be deemed technically competent.

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

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

Project Goals, Outcomes or Purpose (list 3):
Bi-annual Certifications of Medical Examiner’s Lab equipment.

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):
Pipette Pros LLC 17915 Silver Parkway #250 Fenton, MI 48430	Johnathan Munoz Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Services will need to be completed in February 2025 and again in September therefore an exemption is being requested. A DEI Search did not result in any vendors registered with the county to perform the services. Bid process will delay the services as this is a time-sensitive project. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Grant Funded
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105 / 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:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24000164	Pipette Pros, LLC		\$6,298.25	January 29, 2024	BC2024-74

BC2025-94

Title	The Medical Examiner's Office requests approval of exemption for Purchase Order #25000330 for services with Lake Balance Calibration Solutions, for 2025 annual lab equipment certification and weight calibrations in the amount of \$7,915.00.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	PO#25000330 -EXMT	Lake Balance Calibration Solutions	na	\$7,915.00	pending	pending

Service/Item Description (include quantity if applicable). Calibration of analytical balances, certifications, Calibration of Calipers, Calibrations of analytical weights with certifications. Preventive Maintenance of lab centrifuges.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):
Annual Certifications of Medical Examiner’s Lab equipment.

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):
Lake Balance Calibration Solutions 7722 Metric Drive Mentor Ohio 44060	Robert Wisen, Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Services will need to be completed in February 2025 and again in September therefore an exemption is being requested. A DEI Search did not result in any vendors registered with the county to perform the services. Bid process will delay the services as this is a time-sensitive project. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Grant Funded
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105 / 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:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24000306	Lake Balance Calibration Solutions		\$7,070.00	January 29, 2024	BC2024-75

BC2025-95

Title	Guardian Alarm Company
Department or Agency Name	Sheriff's 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	167 (formerly CE1800494)	Guardian Alarm Company	01/01/2019 – 12/31/2019	\$6,000.00	01/07/2019	BC2019-09
A - #1	167 (formerly CE1800494)	Guardian Alarm Company	01/01/2020 – 12/31/2020	\$3,000.00	01/06/2020	Item of Note #4
A - #2	167 (formerly CE1800494)	Guardian Alarm Company	01/01/2021– 12/31/2021	\$3,000.00	04/05/2021	BC2021-162
A - #3	167 (formerly CE1800494)	Guardian Alarm Company	01/01/22 – 12/31/24	\$12,000.00	11/08/2021	BC2021-641
A - #4	167 (formerly CE1800494)	Guardian Alarm Company	01/01/25 – 12/31/26	\$9,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Guardian Alarm provides monitoring services within the various buildings located within Cuyahoga County.</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>

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3):	
N/A	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Guardian Alarm Company 20800 Southfield Road Southfield, MI 48075	Owner, executive director, other (specify): Lori Sokolovic Accounts Receivable Specialist
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund – Accounting Unit SH745100;55200
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. N/A
Payment Schedule: <input checked="" 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.	
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: In November 2024 the approvals in INFO were switched from Donna Kaleal to Chris Costin. This update caused a workflow routing error with this contract amendment.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/26/24
Date documents were requested from vendor:	11/26/24
Date of insurance approval from risk manager:	12/2/24
Date Department of Law approved Contract:	12/04/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-96

Title	Prosecutor's Purchase Order #25000310 STAC with Precision Industrial Services for carpet replacement
Department or Agency Name	Cuyahoga County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25000310 STAC	Precision Industrial Services	N/A	\$13,999.98	pending	pending

Service/Item Description (include quantity if applicable).
 Requesting approval of a purchase order as indicated in the chart above. Services include furniture lift and movement, removal of old carpet, minor floor preparation, installation of new carpet and vinyl base trim

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

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):
 To replace the carpeting in approximately 10 offices at the Justice Center

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):
Precision Industrial Services 2445 Parliament Square, Toledo, OH 43617	Darrel W. Francis, CEO
Vendor Council District:	Project Council District:
	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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	This is a state contract purchase *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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% County Prosecutor’s 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. PS100100 and 55220 (maintenance)
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): N/A

C. - Consent Agenda

BC2025-97

(See related items for proposed travel/memberships for the week of 2/10/2025 in Section C above).

BC2025-98

(See related items for proposed purchases for the week of 2/10/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	BJA FY24 STATE CRIMINAL ALIEN ASSISTANCE PROGRAM GRANT AWARD
DEPARTMENT OR AGENCY NAME	SHERIFF'S DEPARTMENT

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments
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SUBMISSION IN ONBASE.	<input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 State Criminal Alien Assistance Program	7/1/2022-12/31/2025	\$54,219.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		This U.S. Department of Justice grant provides funding to reimburse part of the cost of incarceration of undocumented criminal aliens, with reimbursed funds eligible to be spent only on corrections. There is no reporting period for this award. Funding is dispersed for immediate use and will be used to expense adjust jail salaries as has been done in the past. This grant was previously accepted in: FY08, FY11, FY12, FY13, FY14, FY15, FY16, FY17, FY19, FY20, and FY21			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		The primary project goal of SCAAP is to provide the County with some reimbursement for housing undocumented criminal aliens incarcerated in the county jail. Funding will be used to reimburse some of the cost for housing these offenders.			

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:	n/a
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	n/a
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project, as grant funding will be used to

	reimburse some of the associated cost of housing offenders who are undocumented criminal aliens incarcerated in the county jail.
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Justice Bureau of Justice Assistance State Criminal Alien Assistance Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

TITLE	Public Safety and Justice Services is requesting a grant award adjustment for Title II Formula Grant, Juvenile Justice and Delinquency Prevention Block Award to Cuyahoga County. Extending the time period from 10/1/24-12/31/25 to 6/30/2026. All else will remain the same.
DEPARTMENT OR AGENCY NAME	Public Safety and Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Title II Formula Grant Juvenile Justice and Delinquency Prevention Grant	10/1/2024 – 12/31/2025	\$190,000	11/12/2024	BC2024-823
AMENDMENT (A-1)	Title II Formula Grant Juvenile	12/31/2025 - 6/30/2026	0.00	Pending	Pending

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

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Cleveland Rape Crisis Center
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Nicole McKinney-Johnson, President and CEO
SUBRECIPIENT’S COUNCIL DISTRICT:	District 3
DOLLAR AMOUNT ALLOCATED:	\$75,000

PROJECT COUNCIL DISTRICT:	District 3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	2937 West 25 th St, Cleveland, Ohio 44113

SUBRECIPIENT’S NAME AND ADDRESS:	Jewish Family Service Association of Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan Bichsel, President & CEO
SUBRECIPIENT’S COUNCIL DISTRICT:	District 6

DOLLAR AMOUNT ALLOCATED:	\$75,000
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PROJECT COUNCIL DISTRICT:	District 6
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	29125 Chagrin Blvd., Peper Pike 44122

SUBRECIPIENT'S NAME AND ADDRESS:	Golden Ciphers Inc.
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Pamela Hubbard, Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	5
DOLLAR AMOUNT ALLOCATED:	\$40,000

PROJECT COUNCIL DISTRICT:	5
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	4450 Cedar Avenue. Suite #3, Cleveland, Ohio 44127 (This is a reallocation of funding project. Burten, Bell, Carr Development withdraw their award due to staffing decrease)

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Youth Services/The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 2/10/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT