



**Cuyahoga County Board of Control Agenda
Monday, May 13, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:
<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 5/6/2024

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2024-339

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.
- b) Recommending an award on Purchase Order No. 24001558 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.

Funding Source: General Fund

B. – New Items for Review

BC2024-360

Department of Public Works, recommending to amend Board of Control Approval No. BC2024-246 dated 4/1/2024 which submitted a grant award from The U.S. Department of Energy in the amount of \$1,500,000.00 for the Euclid Microgrid Design Project in connection with the Grid Infrastructure Deployment and Resilience Program for the period 3/1/2024 – 2/28/2026, to change the funding source

from \$2,042,183.00 Cash Match Compass Energy Platform to \$2,043,183.00 Cost Share from Compass Energy Platform paid directly to the project through a public-private partnership.

Funding Source: (58%) \$2,043,183.00 Cost Share from Compass Energy Platform paid directly to the project through a public-private partnership and (42%) \$1,500,000.00 from U. S. Department of Energy.

BC2024-361

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 2964 (formerly Contract No. 985) with Applewood Centers, Inc. for clinical case management services for the Community Based Intervention Center for the period 2/1/2021 – 6/30/2022 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$159,007.44.

Funding Source: RECLAIM Grant

BC2024-362

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$139,800.00 for Community Diversion Program services for the period 1/1/2024 – 12/31/2024.

- a) Agreement No. 3954 with City of Parma Heights in the amount not-to-exceed \$4,200.00.
- b) Agreement No. 4036 with City of Warrensville Heights in the amount not-to-exceed \$3,300.00.
- c) Agreement No. 4053 with Olmsted Township in the amount not-to-exceed \$1,200.00.
- d) Agreement No. 4379 with City of Brooklyn in the amount not-to-exceed \$3,900.00.
- e) Agreement No. 4458 with City of East Cleveland in the amount not-to-exceed \$18,600.00.
- f) Agreement No. 4464 with City of Fairview Park in the amount not-to-exceed \$1,500.00.
- g) Agreement No. 4466 with City of Garfield Heights in the amount not-to-exceed \$9,300.00.
- h) Agreement No. 4467 with City of Cleveland Heights in the amount not-to-exceed \$12,300.00.
- i) Agreement No. 4468 with City of Independence in the amount not-to-exceed \$1,200.00.
- j) Agreement No. 4469 with City of Lakewood in the amount not-to-exceed \$16,800.00.
- k) Agreement No. 4471 with Village of Bentleyville in the amount not-to-exceed \$300.00.
- l) Agreement No. 4472 with City of Maple Heights in the amount not-to-exceed \$8,100.00.
- m) Agreement No. 4474 with City of Richmond Heights in the amount not-to-exceed \$1,800.00.
- n) Agreement No. 4475 with City of South Euclid in the amount not-to-exceed \$4,800.00.
- o) Agreement No. 4479 with City of Rocky River in the amount not-to-exceed \$7,800.00.
- p) Agreement No. 4481 with City of Cleveland in the amount not-to-exceed \$44,700.00.

Funding Source: Health and Human Services Levy Fund

BC2024-363

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$31,587.50 for a state contract purchase

of (50) each Glock Handguns, Safariland Retention Duty Holsters, magazine pouches and various accessories.

- b) Recommending an award on Purchase Order No. 24001892 to Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$31,587.50 for a state contract purchase of (50) each Glock Handguns, Safariland Retention Duty Holsters, magazine pouches and various accessories.

Funding Source: Federal Equitable Sharing Account

BC2024-364

Office of the Medical Examiner, recommending to amend Board of Control Approval No. BC2023-428, dated 7/10/2023, which amended BC2022-493, dated 8/15/2022, which amended Board Approval No. BC2021-312, dated 6/28/2021, which approved an award to Qualtrax, Incorporated for a sole source purchase of (105) Qualtrax Compliance Software Licenses and Hosted Platform and related training services:

- a) by changing the not-to-exceed amount from \$50,481.82 to \$65,500.26.
- b) by changing the time period from 5/1/2021 – 4/30/2024 to 5/1/2021 – 4/30/2025.

Funding Source: Paul Coverdell Grant Fund

BC2024-365

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University, Begun Center for Violence Prevention, Research and Education in the amount not-to-exceed \$390,000.00 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 10/1/2023 – 9/30/2026.
- b) Recommending an award and enter into Contract No. 4214 with Case Western Reserve University, Begun Center for Violence Prevention, Research and Education in the amount not-to-exceed \$390,000.00 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 10/1/2023 – 9/30/2026.

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

BC2024-366

Department of Public Safety and Justice Services, submitting a Subgrant Award Agreement from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,633.68 for management of the FY2023 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2024 – 3/31/2025.

Funding Source: 75% Office of Criminal Justice Services (\$19,225.26) and 25% Cash Match from General Fund (\$6,408.42)

BC2024-367

Department of Public Safety and Justice Services, recommending an award on RQ13858 and enter into Contract No. 4367 with Ascenttra, Inc. (35-5) in the amount not-to-exceed \$88,423.80 for development of a Long-Term Recovery Plan and development and hosting of (1) recovery-focused Tabletop Exercise event effective upon signatures of all parties through 12/31/2024.

Funding Source: FY22 Urban Area Security Initiative Grant Program

BC2024-368

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

- a) Submitting an RFP Exemption, which will result in an award recommendation to The Literacy Cooperative in the amount not-to-exceed \$100,000.00 for enrollment, supportive and analytic services for the Dolly Parton Imagination Library Program for the period 3/1/2024 – 2/28/2025.
- b) Recommending an award and enter into Contract No. 4119 with The Literacy Cooperative in the amount not-to-exceed \$100,000.00 for enrollment, supportive and analytic services for the Dolly Parton Imagination Library Program for the period 3/1/2024 – 2/28/2025.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2024-369

Office of the Medical Examiner, recommending 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.

Funding Sources: FY23 DNA Backlog Grant from the U.S. Department of Justice

D. – Consent Agenda

BC2024-370

Department of Information Technology, on behalf of the Sheriff’s Department 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 April 2024 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2024-371

Fiscal Department, presenting proposed travel/membership requests for the week of 5/13/2024:

Dept:	County Executive's Office							
Event:	Empowering Local Leadership							
Source:	Greater Cleveland Partnership							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Razum	6/13/2024 – 6/15/2024	\$0.00	\$120.00	\$550.00	\$75.00	\$350.00	\$1,095.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Empowering Local Leadership conference is being presented by the Greater Cleveland Partnership, with special guests Congressman Dave Joyce, Congresswoman Shontel Brown, Congressman Max Miller, and Congresswoman Emilia Sykes. There are additional partnerships with the Northeast Ohio Mayors and City Managers Association and the Cuyahoga County Mayors and City Managers Association. David Razum will represent Cuyahoga County in policy briefings and in meetings with our Congressional delegation to better connect our county with our partners in the federal government.

BC2024-372

Department of Purchasing, presenting proposed purchases for the week of 5/13/2024:

Direct Open Market Purchases
(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001827	Delivery and assemblance of new (150) HON Ignition Mesh Mid-Back Task Chairs and (20) HON Ignition Big and Tall Mesh Office Chairs	Cuyahoga Job and Family Services	W.B. Mason Company	\$47,188.40	50% Health and Human Services Levy Fund and 50% Federal and State Reimbursement Fund

24001842	Purchase and installation of (13) electronic locker units with 2 and 3 locker openings per unit for the Metzenbaum Project	Department of Public Works	Central Business Equipment Co. dba Patterson Pope	\$23,150.00	General Fund
24001694	Protective Service Officer uniforms for new hires	Sheriff's Department	Novak Supply LLC	Not-to-exceed \$19,500.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001843	Factory Authorized – Repairs on rear bumper, right side quarter panel and replacement of right side marker light on 2023 Chrysler Pacifica*	Department of Public Works	Premier Auto Body & Collision Center, LLC	\$1,205.05	General Fund
24001918	Factory Authorized – Accident repairs on 2023 Chevrolet Tahoe*	Department of Public Works	Tim Lally Chevrolet Inc.	\$29,389.01	General Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting an amendment to a grant award from U. S. Department of Justice for 2022 FY22 Law Enforcement Mental Health and Wellness Act (LEMHWA) Implementation Projects to change the amount not-to-exceed from \$174,000.00 to \$174,900.00 for the period 9/1/2022 – 8/31/2024 to extend the time period to 2/28/2025.

Funding source: 100% by the US Department of Justice FY22 Law Enforcement Mental Health and Wellness Act (LEMHWA) Implementation Projects Grant.

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with the Ohio Emergency Management Agency for the FY2022 Emergency Management Performance Grant Program for the period 10/1/2021 – 12/31/2023 to extend the time period to 3/31/2024; and for additional funds in the amount of \$50,989.00.

Funding Source: This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management. The grant award does not include any additional county match funds or any obligations that the county contract with external service providers or vendors.

Item No. 3

Department of Public Safety and Justice Services, submitting a Subgrant Award Agreement from Ohio Department of Public Safety/Office of Criminal Justice Services in the total amount of \$647,331.50 for Regional Planning Unit Project in connection with the FY2023 STOP Violence Against Women ACT Block Grant for the period 1/1/2024 – 3/31/2025.

Funding Source: FY2023 STOP Violence Against Women Act Block Grant is from the Ohio Department of Public Safety, Office of Criminal Justice Services

Item No. 4

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from Dollar Bank in the amount of \$5,000.00 for the 18th Annual Fatherhood Conference to be held on 6/14/2024.

Funding Source: Dollar Bank

Item No. 5

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from the Meijer Fairfax Store in the amount of \$500.00 for the 18th Annual Fatherhood Conference to be held on 6/14/2024.

Funding Source: Meijer Fairfax Store

Item No. 6

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from St. Luke’s Foundation in the amount of \$7,000.00 for the 18th Annual Fatherhood Conference to be held on 6/14/2024.

Funding Source: St. Luke’s Foundation

Item No. 7

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
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No RQ	Amend Contract No. 3213	Mental Health Services for Homeless Persons, Inc. dba Frontline Service	Specialized counseling services and training for law enforcement in connection with FY2022 Law Enforcement Mental Health and Wellness Act, to expand the scope of services, effective upon contract signature of all parties	\$-0-	Sheriff's Department	6/6/2023 – 8/31/2024	(Original) FY2022 Law Enforcement Mental Health and Wellness Act (LEMHWA) Grant Fund	4/23/2024 (Executive) 5/2/2024 (Law)
RQ 4442	Amend Contract No. 4452 (fka Contract No. 1303)	Palmer Engineering Company	General engineering services	\$-0-	Department of Public Works	5/19/2021 – 5/18/2024 to extend the time period to 12/31/2025	(Original) Road and Bridge Fund	5/2/2024 (Executive) 5/6/2024 (Law)

Item No. 8

Purchases Processed Not-to-Exceed \$5,000.00 for the period 3/1/2024 – 3/31/2024 (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 "05/13/24 – Board of Control Meeting".

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, May 6, 2024 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:03 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Trevor McAleer, County Council (Alternate for Pernel Jones, Jr.)
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Dale Miller

II. – REVIEW MINUTES – 4/29/2024

Michael Chambers motioned to approve the minutes from the April 29, 2024, meeting; Trevor McAleer seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2024-330

Department of Public Works, recommending an award on RQ14227 and enter into Purchase Order No. 24001710 with Tim Lally Chevrolet, Inc. (11-1) in the amount not-to-exceed \$260,000.00 for the purchase of (10) new, never titled 2024 Chevy Equinoxes for use by the Sheriff's Department.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-330 was approved by unanimous vote.

BC2024-331

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vance Outdoors, Inc. dba Vance’s Law Enforcement in the amount not-to-exceed \$12,983.75 for a state contract purchase of (13) Safariland Body Armor Ballistic Level IIIA Bulletproof Vests including external carrier and plates for use by the Cuyahoga County Animal Shelter’s Dog Wardens.

- b) Recommending an award on Purchase Order No. 24001760 to Vance Outdoors, Inc. dba Vance’s Law Enforcement in the amount not-to-exceed \$12,983.75 for a state contract purchase of (13) Safariland Body Armor Ballistic Level IIIA Bulletproof Vests including external carrier and plates for use by the Cuyahoga County Animal Shelter’s Dog Wardens.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-331 was approved by unanimous vote.

BC2024-332

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to DBT Transportation Services, LLC in the amount not-to-exceed \$24,267.00 for maintenance and data services on the Automated Weather Observation and Navaid Systems at the Cuyahoga County Airport effective upon contract signatures of all parties for a period of 3 years.

- b) Recommending an award and enter into Contract No. 4357 with DBT Transportation Services, LLC in the amount not-to-exceed \$24,267.00 for maintenance and data services on the Automated Weather Observation and Navaid Systems at the Cuyahoga County Airport effective upon contract signatures of all parties for a period of 3 years.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. Dale Miller asked how the cost compares to what we are currently paying. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-332 was approved by unanimous vote.

BC2024-333

Department of Public Works,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Talal F. Hamed for limited beverage and food services at the Jane Edna Hunter Building for the period 1/1/2024 - 12/31/2024.

- b) Recommending an award and enter into Contract No. 4363 with Talal F. Hamed for limited beverage and food services at the Jane Edna Hunter Building for the period 1/1/2024 - 12/31/2024.

Funding Source: Not applicable

Thomas Pavich, Department of Public Works, presented and Mellany Seay supplemented. Dale Miller noting the January 1 start date asked are they are already in operation; asked when they started; asked have they been essentially operating under the same contract terms; asked do we get any revenue. Trevor McAleer asked if they reimburse us for any of the utilities expenses or anything to operate the cafe. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-333 was approved by unanimous vote.

BC2024-334

Department of Workforce Development,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Kirtland Consulting and the New Growth Group, LLC in the amount not-to-exceed \$74,500.00 for strategic planning, market research, facilitation, and support services for organizational restructuring effective 3/11/2024 – 5/31/2025.
- b) Recommending an award and enter into Contract No. 4291 with Kirtland Consulting and the New Growth Group, LLC in the amount not-to-exceed \$74,500.00 for strategic planning, market research, facilitation, and support services for organizational restructuring effective 3/11/2024 – 5/31/2025.

Funding Source: Workforce Innovation and Opportunity Act

Deshaun Matthews, Department of Workforce Development, presented. Dale Miller asked if there is a contract currently in place or is it new; asked again for clarification of whether we had a contract like this in place previously or is it a new undertaking; asked do we anticipate using a contract like this on an ongoing basis or more of a one-time thing to kind of assess where we are and where we should be going. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-334 was approved by unanimous vote.

BC2024-335

Fiscal Office on behalf of the County Executive’s Office, submitting an amendment to Contract No. 3168 with McCaulley & Company LLC for federal lobbying, government relations services and grant supportive services for the period 3/8/2023- 3/7/2024 to extend the time period to 6/30/2024 and for additional funds in the amount not-to-exceed \$40,000.00.

Funding Source: General Fund

Domonique Tatum, Fiscal Department, presented and Paul Porter, Department of Purchasing supplemented. Dale Miller commented he didn’t hear the end of presenter’s statement; asked did you state “just to hold us over until”; asked would it make sense to end the contract 9/30/2024 the end of the Federal fiscal year or don’t you think that makes any difference; do we have an RFP circulating for this; asked has the RFP closed; asked how many bids received; asked have you selected a vendor or still working on it; asked who was chosen; asked so there will be a new contract with the same vendor going

forward; commented obviously in selecting the current vendor you are satisfied with their performance, asked is that correct. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-335 was approved by unanimous vote.

BC2024-336

Department of Purchasing,

- a) Submitting an RFP exemption, which will result in a payment to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$48,051.65 as final payment for armed guard and armored truck services for various County Departments for the period 1/1/2024 – 3/31/2024.
- b) Recommending an award on Purchase Order No. 24001829 to Brink's U.S., a Division of Brink's, Incorporated in the amount not-to-exceed \$48,051.65 as final payment for armed guard and armored truck services for various County Departments for the period 1/1/2024 – 3/31/2024.

Funding Source: 61% General Fund, 20% Other-Health & Safety and 19% Cuyahoga Support Enforcement

Paul Porter, Department of Purchasing presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-336 was approved by unanimous vote.

BC2024-337

Department of Information Technology, submitting an amendment to Contract No. 4373 (formerly Contract No. 434) with Environmental Systems Research Institute, Inc. for maintenance on ArcGIS software for the period 1/1/2016 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$64,198.29.

Funding Source: Real Estate Assessment Fund

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2024-337 was approved by unanimous vote.

BC2024-338

Department of Information Technology on behalf of the Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,112.00 for a state contract purchase of Bluebeam annual software license subscriptions, (68) Revu Core and (4) Revu Complete for the period 5/6/2024 – 5/5/2025.
- b) Recommending an award on Purchase Order No. 24000604 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,112.00 for a state contract purchase of Bluebeam annual software license subscriptions, (68) Revu Core and (4) Revu Complete for the period 5/6/2024 – 5/5/2025.

Funding Source: 77.57 Road & Bridge Fund, 10.58% Sanitary Sewer Fund and 11.85% General Fund

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-338 was approved by unanimous vote.

BC2024-339 Held at the request of Board Members

Department of Information Technology,

- a) ~~Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not to exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.~~
- b) ~~Recommending an award on Purchase Order No. 24001558 to Integrated Precision Systems, Inc. in the amount not to exceed \$124,307.31 for a state contract purchase of various equipment, installation and programming services for (1) each intrusion alarm system and video recording server, (5) access control panels and (24) Axis surveillance cameras for use at the Board of Elections early voting facility located at 1801 Superior Avenue, Cleveland.~~

Funding Source: General Fund

Kristen Kaspar, Department of Information Technology, presented and Mellany Seay, Department of Public Works supplemented. Dale Miller commented we should just hold the item until legislation is passed by Council; asked are you're going to move that fast after the Council meeting and holding it for a week that week will make a difference; commented even if the Council approves it we don't have a decision yet as to whether we're going to do early voting at 1801 Superior Avenue this year; asked is it correct you will only move forward immediately on this purchase presuming we are doing early voting in 2024 at 1801 Superior Avenue; asked is that a yes or no. Katherine Gallager interjected I know there are a lot of factors that would have to fall into place in order for early voting, this is just one of a dozen. I think it's kind of a chicken or an egg kind of thing you have and they are just trying to keep the process moving along in conjunction with knowing where Council is but there might be five other things that could fall apart to make it not even practical to have early voting; commented the team is just kind of like what are these 10 things or 12 things that we have to do to keep moving forward regardless of whether it works out or not. Dale Miller suggested a compromise to hold for one week since it won't affect anything because it will be before the Council's meeting; commented he wants to take this time to get more information to determine on whether this makes sense to proceed prior to Council's approval. Trevor McAleer commented that the plan is this will be discussed at the Committee of the Whole on Tuesday, May 14th and the Administration has asked for a potential referral out of committee that day so this would still happen before if we put it on for Monday May 13 it will still happen before Tuesday's Council meeting.

BC2024-340

Department of Information Technology, on behalf of the Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,000.00 for a state contract purchase of (10) Meraki Catalyst Tri Band Wireless Access Points and (10) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.
- b) Recommending an award and enter into Purchase Order No. 24001602 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,000.00 for a state contract purchase of (10) Meraki Catalyst Tri Band Wireless Access Points and (10) Meraki MR Enterprise Cloud Controller Licenses for a period of 5 years, effective Board of Control Approval.

Funding Source: American Rescue Plan Act Crime Lab Backlog Grant

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-340 was approved by unanimous vote.

BC2024-341

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies in the amount not-to-exceed \$21,805.27 for the purchase of (8) Synergy Dual Rank Registered Smart Memory Kits and (1) HPE Gen 10 Server, various accessories, including a 1-year warranty on the hardware.
- b) Recommending an award on Purchase Order No. 24001740 to Advizex Technologies in the amount not-to-exceed \$21,805.27 for the purchase of (8) Synergy Dual Rank Registered Smart Memory Kits and (1) HPE Gen 10 Server, various accessories, including a 1-year warranty on the hardware.

Funding Source: General Fund

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-341 was approved by unanimous vote.

BC2024-342

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 \$7,141.93 for the purchase of maintenance and support services of the XIA Network Taps for the period 9/28/2023-1/27/2025.
- b) Recommending an award on Purchase Order No. 24001774 to SHI International Corp. in the amount not-to-exceed \$7,141.93 for the purchase of maintenance and support services of the XIA Network Taps for the period 9/28/2023-1/27/2025.

Funding Source: General Fund

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-342 was approved by unanimous vote.

BC2024-343

Department of Human Resources, submitting an amendment to Contract No. 3867 with Clemans Nelson & Associates, Inc. for human resources consulting services for the period 11/7/2023-11/6/2024 to change the terms by removing the reference to \$975.00 per month, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$50,000.00.

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 BC2024-343 was approved by unanimous vote.

BC2024-344

Court of Common Pleas/Juvenile Court Division, recommending awards and enter into agreements with various municipalities in the total amount not-to-exceed \$12,000.00 for Community Diversion Program services for the period 1/1/2024-12/31/2024.

- a) Agreement No. 4374 with City of Bay Village in the amount not-to-exceed \$7,500.00.
- b) Agreement No. 4377 with City of Brecksville in the amount not-to-exceed \$2,700.00.
- c) Agreement No. 4378 with City of Broadview Heights in the amount not-to-exceed \$1,800.00.

Funding Source: Health and Human Services Levy Fund

LaTerra Brown, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Dale Miller remarked that this is routine and moved for approval. Trevor McAleer seconded. Item BC2024-344 was approved by unanimous vote.

BC2024-345

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cyacomb Inc. in the amount not-to-exceed \$8,400.00 for the purchase of (1) Licensed Dongle and (3) 1-year Cyacomb Examiner Plus licenses for use by the Internet Crimes Against Children Task Force.
- b) Recommending an award on Purchase Order No. 24001477 to Cyacomb Inc. in the amount not-to-exceed \$8,400.00 for the purchase of (1) Licensed Dongle and (3) 1-year Cyacomb Examiner Plus licenses for use by the Internet Crimes Against Children Task Force.

Funding Source: General Fund

Justin Rotili, County Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-345 was approved by unanimous vote.

BC2024-346

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$246,355.20 for a state contract purchase of (416) each Safariland M Series Concealable Body Armor Carriers and Prism Spike 3 Panel Sets for use by Correction's Office staff.
- b) Recommending an award on Purchase Order No. 24001752 to Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$246,355.20 for a state contract purchase of (416) each Safariland M Series Concealable Body Armor Carriers and Prism Spike 3 Panel Sets for use by Correction's Office staff.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-346 was approved by unanimous vote.

BC2024-347

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Evident Scientific, Inc. in the amount not-to-exceed \$14,325.84 for a joint cooperative purchase of (1) each Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera, various parts and accessories.
- b) Recommending an award on Purchase Order No. 24001723 to Evident Scientific, Inc. in the amount not-to-exceed \$14,325.84 for a joint cooperative purchase of (1) each Olympus BX43 Forensic Pathology Microscope and HD Presentation Camera, various parts and accessories.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. Trevor McAleer asked are the employees you hired are coming from other jurisdictions or are they recent graduates; congratulated Hugh Shannon on getting the positions filled. Dale Miller commented we were aware of the difficulties with filling positions, we did not budget for them, but we put out the word that you were free to fill them; asked whether they have an estimate for the additional costs that will be incurred for the remainder of 2024; commented glad you got the positions filled. Michael Chambers asked if that's an annual projection or just for the rest of this year. Dale Miller asked do you think the annual is going to be \$1M or more. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-347 was approved by unanimous vote.

BC2024-348

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, recommending an award and enter into Agreement No. 4095 with Cuyahoga County Board of Health in the amount not-to-exceed \$192,514.45 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 10/1/2023 – 9/30/2026.

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

Hugh Shannon, Medical Examiner's Office, presented. Dale Miller asked what the trend on opiate fatalities is in 2024; he stated that it is good news the numbers are going down, hope that continues. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-348 was approved by unanimous vote.

BC2024-349

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 4292 with DigitalStakeout, Inc. (264/10) in the amount not-to-exceed \$13,260.00 for a web-based social media aggregation and threat detection tool and (8) user licenses for use by the Northeast Ohio Regional Fusion Center for the period 5/15/2024 – 5/14/2025.

Funding Source: FY22 State Homeland Security Grant Program

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-349 was approved by unanimous vote.

BC2024-350

Department of Health and Human Services, submitting an amendment to a Grant Agreement (via Contract No. 2437) with Western Reserve Area Agency on Aging to support various mission activities, for the period 10/17/2022 – 12/31/2023 to extend the time period to 12/31/2024; no additional funds required.

- a) WRAAA Nails It! Program: A Workforce and Home Repair Initiative" to provide urgent and major home repairs for an estimated 10,000 low-income seniors and adults with disabilities.
- b) "WRAAA Going Places Program" to purchase (2) ADA-equipped vans, (1) cargo van and (1) passenger van and related transportation services for low-income seniors and adults with disabilities.
- c) "Cuyahoga County Great Grocery Giveaway Program" to provide food, hygiene and safety items for an estimated 4,000 eligible senior households.

Funding Source: General Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-350 was approved by unanimous vote.

BC2024-351

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award and enter into Contract No. 4352 with Cleveland East Hotel, LLC (82-4) in the amount not-to-exceed \$27,368.95 for rental of space, audio visual, catering and related services for the 2024 Aging and Disability Summit to be held at Marriott Cleveland East, located at 26300 Harvard Road, Warrensville Heights on 9/27/2024, effective upon contract signatures of all parties through 10/31/2024.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-351 was approved by unanimous vote.

BC2024-352

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3888 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for Eviction prevention services in connection with the alternative housing and related services and support for COVID Recovery – Continuum of Care program for the period 1/1/2024 – 12/31/2024 to change the terms of Exhibit “II” budget, effective upon contract signatures of all parties and for additional funds in the amount not-to-exceed \$34,053.00.

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 BC2024-352 was approved by unanimous vote.

BC2024-353

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, submitting an amendment to Contract No. 3054 (fka Contract No. 1983) with Oriana House, Inc. for administration and operation of the Neighborhood Reentry Resource Center and the Adult Transition Model for the period 7/1/2021 – 12/31/2024 to expand the scope of services, effective upon contract signature of all parties, and for additional funds in the amount not-to-exceed \$100,000.00.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-353 was approved by unanimous vote.

C. – Exemptions

BC2024-354

Department of Health and Human Services/Division of Senior and Adult Services, recommending an alternative procurement process to a Master Contract, which will result in award recommendations to

(3) new providers for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 in the total amount-not-to-exceed \$502,000.00:

New providers:

- a) City of Bedford Heights in the anticipated amount not-to-exceed \$105,000.00.
- b) Catholic Charities – Good Shepherd in the anticipated amount not-to-exceed \$117,000.00.
- c) The Mandel Jewish Community Center of Cleveland in the anticipated amount-not-to-exceed \$280,000.00.

Funding Source: 61% Health and Human Services Levy Fund and 39% Ohio Department of Aging - Healthy Aging Grant

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2024-354 was approved by unanimous vote.

BC2024-355

Department of Health and Human Services/Division of Senior and Adult Services, recommending an alternative procurement process to approve the determination of awards based on an informal solicitation process of various providers who serve older adults to address social determinants of health and enhancing the quality of life in connection with the Healthy Aging Grant Program for the period 5/1/2024 – 9/30/2024 which will result in award recommendations in the total amount not-to-exceed \$1,638,263.00.

Funding Source: Ohio Department of Aging - Healthy Aging Grant

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2024-355 was approved by unanimous vote.

BC2024-356

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, recommending an alternative procurement process for approval of a solicitation of funding opportunities released via e-mail from various Housing and Urban Development approved providers in Cuyahoga County to provide permanent supportive housing services to chronically homeless single adults and high-barrier homeless persons for the period 7/1/2024 – 6/30/2026.

- a) Famicos Foundation
- b) Front Steps
- c) Humility of Mary Opportunity House
- d) FrontLine Service
- e) EDEN, Inc.
- f) YWCA of Greater Cleveland

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented and Paul Porter supplemented. Dale Miller asked why restricting to existing vendors; asked is that a local decision. The Presenter will follow up with a response. Dale Miller commented he is ready to vote on the item today. Michael Chambers motioned to approve the item; Dale Miller seconded. Item BC2024-356 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Dale Miller motioned to approve Consent Agenda Item No. BC2024-357 through BC2024-359; Trevor McAleer seconded. The Consent Agenda Items were approved by unanimous vote.

BC2024-357

Department of Public Works, submitting a Temporary Right of Entry Agreement with CSX Transportation, Inc. for a temporary right-of-way of CSX Transportation, Inc.’s property located at or near Cleveland, Cuyahoga County, Ohio, Great Lakes Division, Cleveland Short Line Subdivision, Milepost QDS-4.79, N412951 Latitude W813630 Longitude in connection with the deck repair work on Stokes Boulevard Bridge 00.31 in the City of Cleveland.

Funding Source: n/a

BC2024-358

Fiscal Department, presenting proposed travel/membership requests for the week of 5/6/2024.

Department	Organization	License and Training	Dates of Testing and Training	Funding Source
Department of Internal Audit,	National Association of State Boards of Accountancy	\$2,200.00	05/16/2019 – 2/10/2024	General Fund

Purpose of Approval Request:

The Department of Internal Audit (DIA) is requesting authority to reimburse Joseph Balbier in the amount of \$2,200.00 as permitted by DIA’s Certification Policy within the Department Audit Manual. The reimbursement is for his recently obtained Certified Public Accountant (CPA) license.

Dept:	Department of Public Safety and Justice Services							
Event:	Fundamentals of Grants Management (E0705) and Procurement Under Grants (E0708)							
Source:	Emergency Management Institute							
Location:	Emmitsburg, MD							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Eleanor Amadeus	6/23/2024 – 6/29/2024	\$0.00	\$411.24	\$0.00	\$516.92	\$0.00	\$928.16	General Fund
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*Paid to host

**Staff reimbursement

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

Purpose:

Traveling to the Emergency Management Institute to take the Fundamentals of Grants Management and Procurement Under Grants courses. The courses include discussion and activities to improve the ability of FEMA grantees to administer Federal grant funding.

BC2024-359

Department of Purchasing, presenting proposed purchases for the week of 5/6/2024:

Direct Open Market Purchases
(Purchases between \$5,000 - \$49,999.99 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001588	(1) License user and support service for IBM SPSS Statistics Standard annual subscription	Medical Examiner's Office	Miracle Software Systems, Inc.	\$5,760.73	FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
24001667	Factory Authorized – Transmission repairs on Vehicle T-450*	Department of Public Works	Spitzer Motor City, Inc.	\$7,586.84	General Fund
24001713	Out-of-home emergency placement services for the period 4/14/2024**	Division of Children and Family Services	Secure Transportation Services	\$7,675.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

*Approval No. BC2023-452, dated 7/17/2023, which amended BC2022-735 dated 11/29/2022, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and

services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$475,000.00 to \$1,475,000.00.

**Approval No.BC2024-77, dated 1/29/2024, which amended Approval No. BC2023-561, dated 9/5/2023, which amended various Board Approvals on various dates, which authorized an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various licensed providers for reimbursement for out-of-home care placement services for the period 12/1/2022 – 12/31/2024, by changing the amount not-to-exceed amount from \$500,000.00 to \$1,000,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Workforce Development, submitting a Data Sharing and Confidentiality Agreement with Ohio Department of Job and Family Services and Local Workforce Area 3 to assess participants served through the local area Workforce Development system to provide wage record information and Unemployment Insurance (UI) Claimant data for the period 10/1/2023 – 9/30/2026.

Funding Source: Not applicable

Item No. 2

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a grant agreement with Western Reserve Area Agency on Aging for the Medicare Improvements for Patients and Providers Act (MIPPA) Medicare Savings Programs, Low-income Subsidy and Prescription Drug Assistance through the Aging Network, State Health Insurance Program and Aging and Disability Resource Centers for the period 9/1/2023 – 8/31/2024 for additional funds in the amount not-to-exceed \$2,324.17.

Funding Source: Western Reserve Area Agency on Aging through the Federal Medicare Improvements for Patients and Providers Act (MIPPA)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:52 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

BC2024-339

Title	Comprehensive Security System for the Board of Elections Early Voting Space Located at 1801 Superior Avenue
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 Approved/ Council's Journal Date	Approval No.
	24001558 STAC	Integrated Precision Systems		\$124,307.31	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase.</p> <p>The Department of Information Technology plans to contract with Integrated Precision Systems, Inc., for the purchase of a Comprehensive Security System for the Board of Elections Early Voting Space Located at 1801 Superior Avenue in the amount of \$124,307.31. The enterprise class networked system includes intrusion detection, video surveillance, and access control.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This request is for the procurement, programming, and installation of a comprehensive security system for the Board of Elections' Early Voting Space at 1801 Superior Avenue. The enterprise class networked system includes intrusion detection, video surveillance, and access control. The equipment quoted meets County standards for such equipment.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No</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):
Integrated Precision Systems, Inc. 8555 Sweet Valley drive, Suite B Valley View, Ohio 44125	Rob Jackson 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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS # 10018, effective through 01/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.
100% General Fund IT600100 70000 COTEC0000701

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

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

Provide status of project.

<input checked="" type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
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Reason: This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. This is an approved IT Standard which is used in various County locations on an as-needed basis.

Timeline: Project/Procurement Start Date (date your team started working on this item):	
---	--

Date documents were requested from vendor:	
--	--

Date of insurance approval from risk manager:	
---	--

Date Department of Law approved Contract:	
---	--

Date item was entered and released in Infor:	
--	--

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

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

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

HISTORY (see instructions):

B. – New Items for Review

BC2024-360

Scope of Work Summary

The Department of Public Works – Cuyahoga Green Energy is requesting approval to amend BC2024-246 which approved a grant application to the U.S. Department of Energy to support the Euclid Microgrid Design Project to correct the funding source.

The Department of Public Works – Cuyahoga Green Energy is submitting a grant award from the U.S. Department of Energy in the amount of \$1,500,000.00 for the period of March 1, 2024, through February 28, 2026.

The Euclid Microgrid Design Project will provide project planning and the development of two municipal front-of-meter microgrid projects within Cuyahoga County; one in the City of Euclid and one in the City of Brooklyn. This project will involve the local generation of electricity (e.g., roof top solar, solar on local landfills), back up battery systems, smart switch gear and electronics, and access to the larger transmission grid. The microgrid district will enable multiple commercial/industrial/manufacturing customers and surrounding community loads to be off takers of the system and will ensure that if the larger electrical grid goes down due to weather, cyber- attacks, larger grid negligence, age, or other factors; off-takers will be able to maintain power for their facilities and operations.

Procurement

The address of the grantor is:

U.S. Department of Energy
Grid Deployment Office (GD)
1000 Independence Avenue, SW
Forrestal Building, GD-1
Washington, DC 20585
Council District – N/A

The program manager for the grantor is Cody M. Panos.

Project sites for the two proposed microgrids will be located in the Cities of Euclid and Brooklyn.

Project Status and Planning

The project – Euclid Microgrid Design Project – is new to the County.

The project is comprised of multiple phases or tasks. It is expected that work on these tasks may occur concurrently.

Task 1.0 - Project Management and Planning

Cuyahoga County staff will lead/coordinate the activities of the project to adequately address management, planning, and performance requirements.

Task 2.0 – Commercial and community off-takers for Brooklyn Project

This task includes the identification and qualification of microgrid customers. This process includes site visits and interviews, the collection of usage data, energy efficiency audits, credit-worthiness checks, critical load definition, and the development of letters of interest (LOIs) and memorandums of understanding (MOUs).

Task 3.0 – Commercial and community off-takers for Euclid Project

This task includes the identification and qualification of microgrid customers. This process includes site visits and interviews, the collection of usage data, energy efficiency audits, credit-worthiness checks, critical load definition, and the development of letters of interest (LOIs) and memorandums of understanding (MOUs).

Task 4.0 – Microgrid Schematic Design for Euclid Project

This task includes the schematic level design for the proposed microgrid. The design includes electrical and mechanical single lines, equipment layout drawings/site plans, detailed performance specification for

key equipment, and a microgrid operational document which summarizes the various operations modes and requirements for the microgrid.

Task 5.0 – Permitting and Entitlements for Euclid Project

This task includes the definition and confirmation of the approach, schedule, and requirements for the permits, agreements, rights-of-way, and interconnection agreements required.

Task 6.0 –Develop Long-term Utility Plan

This task includes utilizing learnings from Euclid and Brooklyn microgrid development to inform a long-term utility plan for Cuyahoga Green Energy (CGE).

The grant performance period began March 1, 2024, and expires February 28, 2026. The award notification for this grant was received on March 13, 2024.

No signature is required.

Funding

The project is funded by a federal grant fund awarded by the U.S. Department of Energy – CFDA 81.254 Grid Infrastructure Deployment and Resilience. A cost share of \$2,043,183.00 is required and will be paid directly to the project by Compass Energy Platform, the contracted operator of Cuyahoga Green Energy, through a public-private partnership. County funds will not be used to satisfy match requirements.

Grant funds are paid on a reimbursement basis.

BC2024-361

Title	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION	
Department or Agency Name	CBIC MENTAL HEALTH CLINICIANS APPLEWOOD CENTERS, INC.	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
Original (O)	985	Applewood Centers, Inc.	2/1/2021- 6/30/2022	\$119,503.73	7/26/2021	BC2021-380
(A-# 1)	985	Applewood Centers, Inc.	7/1/2022- 6/30/2022	\$93,333.24	10/12/2021	BC2021-567
(A-# 2)	2964	Applewood Centers, Inc.	7/1/2022- 6/30/2024	\$159,007.44	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.
The vendor will provide assessment services based on need to all youth admitted to the CBIC program, and all efforts will be made to maximize involvement with families and youth receiving treatment. The contract amendment is to extend the time period of the contract to June 30, 2024, and increase the funds in the amount of \$159,007.44 from July 1, 2022, through June 30, 2024.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Vendor to develop case management services for the youth to best be served by the CBIC curriculum.
If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Applewood Centers Inc 10427 Detroit Ave Cleveland, Ohio 44102	Adam G. Jacobs, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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. Contract Amendment	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment (list original procurement)
Contract Amendment	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. This project is 100% funded by the RECLAIM grant.	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 delay is due to RECLAIM grant notification and award process, resigning of all contract amendments to comply with Executive order number EO2023-0003, and vendors' delayed submission of documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	5/31/2023
Date documents were requested from vendor:	6/9/23, revised amendment 9/23/23. Received 3/25/24
Date of insurance approval from risk manager:	6/14/2023
Date Department of Law approved Contract:	5/31/2023
Date item was entered and released in Infor:	10/18/2023, final doc uploaded, upon receipt 3/27/2024
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) The Vendor has been written into the Court's RECLAIM Grant to provide the services described above.	

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

HISTORY (see instructions): see chart at top

BC2024-362 a)

Title	CCJC CY24 Community Diversion Program contract with the City of Parma Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	3954	City of Parma Heights	1/1/24-12/31/24	\$4,200.00	Pending	Pending

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

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Parma Heights 6184 Pearl Road, Parma Heights, Ohio 44130	Owner, executive director, other (specify): Angela Love (Programmatic Contact)
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Parma Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Yes

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

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/30/2024
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) Since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2061	City of Parma Heights	1/1/22- 12/31/23	\$8,000.00	12/17/2021	BC2021-727

BC2024-362 b)

Title	CCJC CY24 Community Diversion Program contract with the City of Warrensville Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
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O	4036	City of Warrensville Heights	1/1/24-12/31/24	\$3,300.00	Pending	Pending
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Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Community Diversion Services

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Warrensville Heights	Owner, executive director, other (specify): Mya Carstarphen (Programmatic Contact)
4743 Richmond Road, Warrensville Heights, Ohio 44128	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Warrensville Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Yes	
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	5/1/2024

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) Since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment

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

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2184	City of Warrensville Heights	1/1/22-12/31/23	\$4,400.00	02/14/2022	BC2022-90

BC2024-362 c)

Title	CCJC CY24 Community Diversion Program contract with the City of Olmsted Township
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4053	City of Olmsted Township	1/1/24-12/31/24	\$1,200.00	Pending	Pending

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

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):

- A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.
- B. 80% of YOUTH referred will be engaged in and complete services with no new charges.

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Olmsted Township	Owner, executive director, other (specify): Ofc. Joe English (Programmatic Contact)
26900 Cook Rd, Olmsted Township, 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 Township

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
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 Yes No. If yes, complete section below:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): This contract is not to be funded until 2024 and that budget has not received final approval.
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/30/2024
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) Since these services were approved in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2155	City of Olmsted Township	1/1/22- 12/31/23	\$2,400.00	01/10/2022	BC2022-34

BC2024-362 d)

Title	CCJC CY24 Community Diversion Program contract with the City of Brooklyn
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4379	City of Brooklyn	1/1/24-12/31/24	\$3,900.00	Pending	pending

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

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Brooklyn	Owner, executive director, other (specify): Cindy Eschweiler (Programmatic Contact)
8000 Memphis Avenue Brooklyn, Ohio 44144	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Brooklyn

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): yes
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.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed		
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023	
Date documents were requested from vendor:	9/14/2023	
Date of insurance approval from risk manager:	8/21/2023	
Date Department of Law approved Contract:	8/24/2023	
Date item was entered and released in Infor:	04/30/2024	
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) : Since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
O	2060	City of Brooklyn	01/01/2022- 12/31/2023	\$6,400.00	BC2021-752	12/20/2021

BC2024-362 e)

Title	CCJC CY24 Community Diversion Program contract with the East Cleveland	
Department or Agency Name	Juvenile Court	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4458	City of East Cleveland	1/1/24- 12/31/24	\$18,600.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of East Cleveland	Owner, executive director, other (specify): Jake Streeter (Programmatic Contact)
14340 Euclid Avenue East Cleveland, Ohio 44112	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of East Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/19/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	4/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2304	City of East Cleveland	01/01/2022-12/31/2023	\$26,000.00	BC2022-116	02/28/2022

BC2024-362 f)

Title	CCJC CY24 Community Diversion Program contract with the City of Fairview Park
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4464	City of Fairview Park	1/1/24-12/31/24	\$1,500.00	Pending	pending

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

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Fairview Park	Owner, executive director, other (specify): John Castele, Asst. Law Director (Programmatic Contact)
20777 Lorain Road Fairview Park, Ohio 44126	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Fairview Park

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.		
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023	
Date documents were requested from vendor:	9/19/2023	
Date of insurance approval from risk manager:	8/21/2023	
Date Department of Law approved Contract:	8/24/2023	
Date item was entered and released in Infor:	04/26/2024	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
O	2302	City of Fairview Park	01/01/2022- 12/31/2023	\$2,400.00	BC2022-136	03/07/2022

BC2024-362 g)

Title	CCJC CY24 Community Diversion Program contract with the City of Garfield Heights	
Department or Agency Name	Juvenile Court	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4466	City of Garfield Heights	1/1/24- 12/31/24	\$9,300.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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):

<p>A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>B. 80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a</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>	
<p>Vendor Name and address: City of Garfield Heights</p>	<p>Owner, executive director, other (specify): Jennifer Sopkovich (Programmatic Contact)</p>
<p>5407 Turney Road Garfield Heights, Ohio 44125</p>	
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>City of Garfield Heights</p>

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

	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/19/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2586	City of Garfield Heights	04/01/2022-12/31/2023	\$17,600.00	BC2022-466	08/01/2022

BC2024-362 h)

Title	CCJC CY24 Community Diversion Program contract with the City of Cleveland Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/Council's Journal Date	Approval No.
O	4467	City of Cleveland Heights	1/1/24-12/31/24	\$12,300.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No 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: City of Cleveland Heights	Owner, executive director, other (specify): Det. Russell Toppin (Programmatic Contact)
40 Severance Circle Cleveland Heights, Ohio 44118	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Cleveland Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
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Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.		
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023	
Date documents were requested from vendor:	9/19/2023	
Date of insurance approval from risk manager:	8/21/2023	
Date Department of Law approved Contract:	8/24/2023	
Date item was entered and released in Infor:	04/26/2024	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
O	2089	City of Cleveland Heights	01/01/2022-12/31/2023	\$18,800.00	BC2022-18	01/03/2022

BC2024-362 i)

Title	CCJC CY24 Community Diversion Program contract with the City of Independence
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4468	City of Independence	1/1/24-12/31/24	\$1,200.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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):

<p>A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>B. 80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a</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>	
<p>Vendor Name and address: City of Independence</p>	<p>Owner, executive director, other (specify): Angela T. Zidanic (Programmatic Contact)</p>
<p>6800 Brecksville Road Independence, Ohio 44131</p>	
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>City of Independence</p>

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

	<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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/19/2023 (used date on spreadsheet)
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2151	City of Independence	01/01/2022-12/31/2023	\$2,000.00	BC2022-34	01/10/2022

BC2024-362 j)

Title	CCJC CY24 Community Diversion Program contract with the City of Lakewood	
Department or Agency Name	Juvenile Court	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4469	City of Lakewood	1/1/24- 12/31/24	\$16,800.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No 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: City of Lakewood 12650 Detroit Avenue Lakewood, Ohio 44107	Owner, executive director, other (specify): Laura Schuerger (Programmatic Contact)
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Lakewood

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/19/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/26/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2082	City of Lakewood	01/01/2022-12/31/2023	\$24,400.00	BC2021-752	12/20/2021

BC2024-362 k)

Title	CCJC CY24 Community Diversion Program contract with the Village of Bentleyville
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/Council's Journal Date	Approval No.
O	4471	Village of Bentleyville	1/1/24-12/31/24	\$300.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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):

<p>A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing.</p> <p>B. 80% of YOUTH referred will be engaged in and complete services with no new charges.</p> <p>C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.</p>
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a</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>	
<p>Vendor Name and address: Village of Bentleyville</p>	<p>Owner, executive director, other (specify): Gabriel Barone, Chief of Police (Programmatic Contact)</p>
<p>6253 Chagrin River Road Bentleyville, OH 44022</p>	
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>Village of Bentleyville</p>

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

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/14/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2153	Village of Bentleyville	01/01/2022-12/31/2023	\$400.00	BC2022-39	01/18/2022

BC2024-362 I)

Title	CCJC CY24 Community Diversion Program contract with the City of Maple Heights
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4472	City of Maple Heights	1/1/24-12/31/24	\$8,100.00	Pending	pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
<p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a</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>	
<p>Vendor Name and address: City of Maple Heights 5353 Lee Road Maple Heights, Ohio 44137</p>	<p>Owner, executive director, other (specify): Michael Bowen, Esq. (Programmatic Contact)</p>
<p>Vendor Council District:</p>	<p>Project Council District:</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	<p>City of Maple Heights</p>

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.		
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023	
Date documents were requested from vendor:	9/19/2023	
Date of insurance approval from risk manager:	8/21/2023	
Date Department of Law approved Contract:	8/24/2023	
Date item was entered and released in Infor:	04/29/2024	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
O	2062	City of Maple Heights	01/01/2022-12/31/2023	\$17,200.00	BC2021-727	12/31/2021

BC2024-362 m)

Title	CCJC CY24 Community Diversion Program contract with the City of Richmond Heights	
Department or Agency Name	Juvenile Court	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4474	City of Richmond Heights	1/1/24-12/31/24	\$1,800.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Richmond Heights	Owner, executive director, other (specify): Sgt. Denise DeBiase (Programmatic Contact) Ptlm J. Ross (Programmatic Contact)
26789 Highland Road Richmond Heights, Ohio 44143	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Richmond Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	4/29/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2183	City of Richmond Heights	01/01/2022-12/31/2023	\$2,400.00	BC2022-90	02/14/2022

BC2024-362 n)

Title	CCJC CY24 Community Diversion Program contract with the City of South Euclid
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4475	City of South Euclid	1/1/24-12/31/24	\$4,800.00	Pending	Pending

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

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of South Euclid	Owner, executive director, other (specify): Jennifer Crow (Programmatic Contact)
1349 South Green Road, South Euclid, Ohio 44121	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of South Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Humsan Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input 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.

<input type="checkbox"/> New Service or purchase	<input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Department was understaffed.		
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023	
Date documents were requested from vendor:	9/20/2023	
Date of insurance approval from risk manager:	8/21/2023	
Date Department of Law approved Contract:	8/24/2023	
Date item was entered and released in Infor:	04/29/2024	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:		
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment.		
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)		

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	2210	City of South Euclid	1/1/22- 12/31/23	\$10,400.00	02/07/2022	BC2022-79

BC2024-362 o)

Title	CCJC CY24 Community Diversion Program contract with the City of Rocky River
Department or Agency Name	Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4479	City of Rocky River	1/1/24- 12/31/24	\$7,800.00	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Community Diversion Services
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): A. 80% of YOUTH served during the AGREEMENT period will successfully complete the program without referral to the COURT for official COURT processing. B. 80% of YOUTH referred will be engaged in and complete services with no new charges. C. 90% of YOUTH engaged in services will complete services within a targeted timeframe of ninety (90) calendar days.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No 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: City of Rocky River	Owner, executive director, other (specify): Julie Morron (Programmatic Contact)
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 # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. 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 ().

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	04/30/2024
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) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	

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

HISTORY (see instructions):						
O	2306	City of Rocky River	01/01/2022-12/31/2023	\$15,600.00	BC2022-116	02/28/2022

BC2024-362 p)

Title	CCJC CY24 Community Diversion Program contract with the City of Cleveland					
Department or Agency Name	Juvenile Court					
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	4481	City of Cleveland	1/1/24-12/31/24	\$44,700.00	Pending	pending

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

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):

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

If a County Council item, are you requesting passage of the item without 3 readings. Yes No 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: City of Cleveland	Owner, executive director, other (specify): Charisse Dawson (Programmatic Contact)

601 Lakeside Avenue, Room 227 Cleveland, Ohio 44114	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

Health and Human Services Levy
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): yes
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.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract 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 department was understaffed.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	7/10/2023
Date documents were requested from vendor:	9/20/2023
Date of insurance approval from risk manager:	8/21/2023
Date Department of Law approved Contract:	8/24/2023
Date item was entered and released in Infor:	05/01/2024
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) : since these services were approve in a previous contract the provider was willing to continue to service youth without interruption and wait on payment	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
O	2303	City of Cleveland	01/01/2022-12/31/2023	\$72,800.00	BC2022-350	06/06/2022

BC2024-363

Title	Sheriff's Department Handgun, Duty Holster, and Magazine Pouch
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
	24001892 STAC	Vance Outdoors,		\$31,587.50		

		Inc. dba Vance's Law Enforcement				
--	--	--	--	--	--	--

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 Sheriff's Department requesting approval of a purchase order for 50 (fifty) Handguns, Duty Holsters, and Magazine Pouches

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):
 Equipment is needed to maintain inventory.

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

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

Vendor Name and address: 3723 Cleveland Ave Columbus, OH 43224	Owner, executive director, other (specify): Doug Vance, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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 checked="" type="checkbox"/> State Contract, list STS number and expiration date RS900319-6 EXP 3/31/2025 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> .	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% Federal Equitable Sharing Account
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2024-364

Title	Medical Examiner Office - CCRFSL; RQ#3910; 2021-2026; Qualtrax Inc; Sole-Source Contract CM#4447
Department or Agency Name	Medical Examiner's Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	1584	Qualtrax, Incorporated	5/1/2021 – 4/30/2022	\$21,744.50	6/28/2021	BC2021-312
Amend BC2021-312			by changing the time period from 5/1/2021 – 4/30/2022 to 5/1/2021 – 4/30/2023	by changing the not-to-exceed amount from \$21,744.50 to \$35,900.82 (added \$14,156.32)	8/15/2022	BC2022-493
Amend BC2022-493			by changing the time period from 5/1/2021 – 4/30/2023 to 5/1/2021 – 4/30/2024	by changing the not-to-exceed amount from \$35,900.82 to \$50,481.82 (added \$14,581.00)	7/10/2023	BC2023-428
Amend BC2023-428	4447	Qualtrax	05/01/2024-04/30/2025	by changing the not-to-exceed amount from \$50,481.82 to \$65,500.26 (Adding \$15,018.44)	Pending	pending

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Medical Examiner Office requesting to amend board approval BC2021-312 from 6/28/2021 which is a sole-source contract with Qualtrax Inc. These software licenses are assigned to the lab personnel and provide access to their document management system. The not-to-exceed amount would be updated to \$15,018.44 and requesting to update the time frame to include Year 4 for a period covering 5/1/2024-4/30/2025.

There is a 5-year term written into the contract, but all future years are optional based on availability of funds. Per the grant funder, we are unable to approve the future years since they fall outside the grant performance period. In the future, amendments will be made on a yearly basis so as to fall within the grant performance period timeline.

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):
 These software licenses are assigned to the lab personnel.
 Provides access to their document management system.
 Quality management system houses all of our SOP and controlled forms.
 Documents all training and education that are needed for accreditation.
 Proficiency test monitoring and validation for new equipment and methods. Per our ISO17025/ANAB3125

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

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

Vendor Name and address: Qualtrax Inc. 105 E. Roanoke Street Blacksburg, VA 24060	Owner, executive director, other (specify): Amy Ankrum, CEO

Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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.	<input checked="" type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 6/17/2021 and 7/21/2022- Waiver Received for 2023 and 2024
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are services covered under the original ERP Budget or Project? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Grant Purchase	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Separate Software	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. The project is funded 100% by the Coverdell grant funds (for years 1 , 2 ,3 and 4) . Grant funds are applied for annually and that is why the contract language states available upon county funding for future optional years.	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if “no” please explain): Grant Funded	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Yearly	

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

Reason: Contract is not late due to this being grant funded .grant funds are applied for annually so in order to get funds added to contract we have to wait for funds to be approved and added into the bank before we can get approvals for this contracts funds to be added. funds got approved at the March 12th agenda and then the appropriations were scheduled to be set up on March 26th 2024.

Timeline: Project/Procurement Start Date (date your team started working on this item):	01/01/2024
Date documents were requested from vendor:	01/01/2024
Date of insurance approval from risk manager:	04/24/2024
Date Department of Law approved Contract:	n/a no new contracted needed
Date item was entered and released in Infor:	04/25/2024
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Contract started in 2021 just need to add this years funds since its grant funded.	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2024-365

Title	PSJS; Case Western Reserve University; RFP Exemption Contract for COSSUP Grant Award		
Department or Agency Name	Public Safety & Justice Services on behalf of the Medical Examiner’s Office		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4214	Case Western Reserve University	10/1/23- 9/30/26	\$390,000.00		

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

Requesting approval of an RFP Exemption contract as indicated in the chart above with Case Western Reserve University, not to exceed the amount of \$390,000.00 for the period 10/1/23-9/30/26.

The Cuyahoga County Medical Examiner's Office was awarded a U.S. Dept. of Justice, Bureau of Justice Assistance grant under the solicitation titled BJA FY 23 Comprehensive Opioid, Stimulant, and Substance Use

Site-based Program (COSSUP) for the project titled Cuyahoga County Overdose Fatality Review Counteractive Initiative whose purpose is to enhance Cuyahoga County’s Overdose Fatality Review (OFR) to promote cross-system coordination within the criminal justice and behavioral health systems for the identification and implementation of preventable risk factors and missed opportunities for intervention in order to reduce overdose deaths in Cuyahoga County, particularly for those historically marginalized, underserved, and adversely affected by inequality in Cuyahoga County, Ohio (metropolitan Cleveland).

Case Western Reserve University is a subrecipient of this grant and will perform tasks related to the Cuyahoga County Overdose Fatality Review Counteractive Initiative as referenced below under Project Goals, Outcomes or Purpose.

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:

Goal 1: Enhancement of Cuyahoga County’s OFR to promote cross-system coordination among public health and public safety agencies to support comprehensive, collaborative initiatives.

Goal 2: Identification of preventable risk factors and implementation of missed opportunities for interventions in behavioral health and criminal justice systems, to reduce overdose fatalities –especially for those historically marginalized, underserved, and adversely affected by inequality.

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

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

Vendor Name and address: Case Western Reserve University	Owner, executive director, other (specify):
10900 Euclid Ave. Cleveland, OH 44106-7001	Eric William Kaler, President of Case Western Reserve University
Vendor Council District:	Project Council District:
District 11	All districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. RFP Exemption Contract. The provider was a named sub-recipient on the grant application. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% funded by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) grant under the solicitation titled BJA FY 23 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program (COSSUP).
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input 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.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Funding was intended to begin 10/1/23 but did not receive notice of the award of the grant until 9/27/23. Thereafter, required approvals were obtained from BOC, Law to process Insurance, Agreement, and Fiscal Appropriations.	
Timeline: Project/Procurement Start Date	Date we received Notice of Award: 9/27/23 Date Award was approved by BOC: 10/16/23

(date your team started working on this item):	Date contract request was submitted in Matrix: 10/11/23 Date contract was sent to subrecipient: 12/19/23 Date the Appropriations Approved: 1/23/24
Date documents were requested from vendor:	12/19/23
Date of insurance approval from risk manager:	4/26/24
Date Department of Law approved Contract:	12/19/23
Date item was entered and released in Infor:	02/15/24
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
There is no prior history as this is a new grant award.

BC2024-366

Scope of Work Summary

Public Safety and Justice Services is the Regional Planning Unit (RPU) that is responsible for the administration of the VAWA block grant in Cuyahoga County. There is one Senior Grants Coordinator and one Fiscal Specialist who will be responsible for programmatic and fiscal oversight of the 2023 VAWA block grant.

The request to apply for this funding was previously approved on October 23, 2023, under BC2023-661.

The grant period for the FY23 VAWA Administrative grant is January 1, 2024 through March 31, 2025.

There is a 25% match required for this grant. Ohio Criminal Justice Services funds in the amount of \$19,225.26 and \$6,408.42 from Cuyahoga County Public Safety and Justice Services general fund. The total amount is \$25,633.68.

The primary goal of the funding for this grant is to manage the VAWA block funding through programmatic oversight of subrecipients and fiscal management of subrecipients by requiring monthly reporting, conducting monitoring visits and preparing monthly and yearly reports to submit to the State.

Procurement

There is no procurement process for this funding as it is awarded to manage the block grant award.

Contractor and Project Information

Oversight will occur for the 7 projects that were awarded funding through the VAWA block grant.

Project Status and Planning

Services for the project period will begin upon execution of the contract between the Office of Criminal Justice Services (OCJS) and Cuyahoga County.

The project’s term has already begun. State the timeline and reason for late submission of the item.

On September 11, 2023 the VAWA Allocation Committee met to score and recommend applications.

The first set of Intent to award letters was sent out on 9/21/2023.

Applications submitted to IntelliGrants on 9/27/2023.

Authority to apply for funds was submitted to OnBase on 10/6/23.

On December 28, 2023, the Ohio Department of Youth Services-ODYS notified PSJS’s that the funding amount allocated for FY23 VAWA was incorrect.

Held VAWA Allocation meeting to discuss new funding amounts for applicants on 1/23/2023.

New Intent to Award letters went out to the applicants on 1/24/2024.

Sent new Attachment A to ODYS on 1/25/2024.

Waiting on ODYS’s to send the pre-award conditions.

Received Pre-Award Conditions for the applications on 2/15/2024. Had signed by PSJS staff.

Enter Pre-Award Conditions in OnBase for signature on 3/1/2024.

Pre-Award Conditions were signed on 3/14/2024.

PSJS hosted FY23 VAWA Subrecipient Orientation on 3/26/2024.

Received Grant Award on 4/25/2024.

Award entered into OnBase on 4/25/2024.

Funding

The funds for this subgrant award was awarded through the 2023 STOP Violence Against Women Act Block Grant is from the Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS).

BC2024-367

Title	Public Safety & Justice Services, 2024; Contract, Ascenttra; Cuyahoga County Emergency Management Long Term Recovery Plan Development	
Department or Agency Name	Public Safety & Justice Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	4367	Ascenttra	From signing – 12/31/2024	88,423.80		

Service/Item Description (include quantity if applicable). Indicate whether <input checked="" type="checkbox"/> New or <input type="checkbox"/> Existing service or purchase. RFP conducted to provide a Long Term Recovery Plan for the Cuyahoga County Emergency Management, and Active-shooter Annexes for community partners.
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The primary goals of the FY22UASI project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.
If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Ascenttra	Owner, executive director, other (specify): Derek Rowan, President
8300 Boone Blvd., Vienna, VA 22182	
Vendor Council District: NA	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$120,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 35 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. Federal grant, no DEI	<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: Lowest cost proposal and highest scoring.	<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)

Low- \$88,423.80 high - \$320,300.00. Three were between \$167,000 and \$200,000.	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase. NA	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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. FY22 Urban Area Security Initiative Grant Program 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: CCOEM needed to complete a Long Term Recovery Plan, and obtained FEMA-UASI grant funding to complete the project, which includes community-specific annexes with 20 partner communities, for active-shooter/aggressor incidents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	08/01/2023
Date documents were requested from vendor:	4/2/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	3/28/2024
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2024-368

Title	The Dolly Parton Imagination Library Contract- The Literacy Cooperative	
Department or Agency Name	Family and Children First Council	
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 Approved/ Council's Journal Date	Approval No.
O	4119	The Literacy Cooperative	03/01/2024 - 2/28/2025	\$100,000.00	Pending	Pending

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

Requesting approval of a contract with The Literacy Cooperative in the amount of \$100,000.00 or not-to-exceed for the period 3/01/2024-2/28/2025 for The Dolly Parton Imagination Library Programming.

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):

- Dolly Parton Imagination Library is a book gifting initiative that mails a brand new, age-appropriate book to enrolled children every month from birth until five years old.
- The Literacy Cooperative receives the books from the DPIL. They send the books to their registered families every year.

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

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

Vendor Name and address: The Literacy Cooperative 1422 EUCLID AVE STE 248 CLEVELAND, OH 44115	Owner, executive director, other (specify): Executive Director Robert Paponetti
Vendor Council District: 7	Project Council District: The project is located in Council District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/23/23	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: The total value of the solicitation was	<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. NA	<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: NA	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<input type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE(S): (No acronyms – General Fund, HHS Levy, Capital, etc.). Include % if more than one source Health and Human Services Levy 100%.
Is this approved in the biennial budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
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 and if late, include timeline for lateness:

<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: FCFC office received the contract assignment in Jan 2024. A March 2024 start date was chosen. The vendor had numerous questions regarding contract language. The COI was obtained in March 2024. The vendor turned in documents after the March 2024 date. It was explained to the vendor the short time frame for receiving the documents.	
Timeline: Project/Procurement Start Date (date your team started working on this item):	1/5/24
Date documents were requested from vendor:	2/21/24; 3/1/24; 3/1/24; 3/28/24
Date of insurance approval from risk manager:	4/3/24
Date Department of Law approved Contract:	4/3/24
Date item was entered and released in Infor:	3/18/24 and 4/15/24
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 be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C.- Exemptions

BC2024-369

Title	Medical Examiner's Office requesting approval of Alternative Procurement process to purchase genetic testing kits and other consumable supplies from Promega Corporation and Life Technologies in the total amount not to exceed of \$281,394.00, with funds from the FY23 DNA Backlog Grant for the grant period 10/1/2023 thru 09/30/2025.
Department or Agency Name	Medical Examiner's Office Cuyahoga County, Regional Forensic Science Laboratory (CCRFSL)
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Alternative Procurement

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
Alt. Procurement		Promega and Life Technologies	10/1/2023 thru 09/30/2025	Total not-to- exceed \$281,394.00	pending	

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. The Cuyahoga County, Regional Forensic Science Laboratory (CCRFSL) receives federal funding for the test kits and consumable supplies. The selected vendors are chosen as they are the most reliable, competent source for these products and have supplied them as needed in a timely manner. Many of the supplies have a short shelf-life and can only be ordered in small quantities.

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

Project Goals, Outcomes or Purpose (list 3):
 To reduce the backlog of casework and benefit law enforcement's prosecution of crime.
 Track expenditures by excel spreadsheet for compliance with the not to exceed amount.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Life Technologies 5791 Van Allen Way Carlsbad City, CA 92008	Gregory Lucier, CEO
Promega Corporation 2800 Woods Hollow Rd Madison, WI 53711	William Linton, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> <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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). Include % if more than one source. 100% FY23 DNA Backlog Grant from the U.S. Department of Justice.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Grant funded
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project.	
<input type="checkbox"/> New Service or purchase <input checked="" type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
(O) Alt. Procurement		Promega and Life Technologies	1/1/2019 – 12/31/2020	\$276,257.00	2/4/2019	BC2019-95
(A-1)		Promega and Life Technologies	extend the time period to 12/31/2022	for additional funds in the amount not-to- exceed \$577,848.00.	12/9/2019	BC2019-914
(A-2)		Promega and Life Technologies	extend the time period to 12/31/2023	For additional funds in the amount not-to- exceed \$292,333.00	9/20/2021	BC2021-515
(A-3) to update funding source		Promega and Life Technologies		for additional funds in the amount not-to- exceed \$309,394.00	9/26/2022	BC2021-571
(A-4)		Promega and Life Technologies	extend the time period to 9/30/2024	for additional funds in the amount not-to-exceed \$244,893.00	8/14/2023	BC2023-514

D. - Consent Agenda

BC2024-370

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

Funding Source: Revenue Generating

Agency: Department of IT

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

Sheriff's Office Scrapped Equipment List							
Type of Equipment	ISC#	Model#	Age of Service	Type of Equipment	ISC#	Model#	Age of Service
Computer	SH58958	OPTIPLEX	10+	LAPTOP	SH85833	TOSHIBA	10+
-	SH73311	COMPAQ	-	DOCK	CNU419ZZLF	HP	5+
-	SH80765	Z220	-	-	CNU419ZZVR	HP	-
-	SH90262	-	-	TYPEWRITER	000970	IBM	10+
-	SH84025	-	-	PRINTER	SH48822	TOSHIBA	10+
-	SH77825	-	-	-	SH69155	HP LASERJET	-
-	SH84443	-	-	-	USGNK05233	-	-
-	SH80795	-	-	-	022438	CANON DR-5060F	-
-	SH84424	-	-	-	SH30118	EPSON LX-300	-
-	SH84375	-	-	-	SH30193	-	-
-	SH79659	Z230	-	-	CDSY123238	-	-
-	SH80003	-	-	-	CNBCKDC OP3	HP M607	5+
-	SH80604	-	-	MONITOR	SH64855	DELL	10+
-	SH79501	-	-	-	SH52889	-	-
-	SH79528	-	-	-	SH65858	-	-
-	SH79534	-	-	-	SH63514	-	-
-	SH80598	-	-	-	SH64855	-	-
-	SH79271	-	-	-	SH51889	-	-
-	SH79512	-	-	-	SH63514	-	-
-	SH88432	-	-	-	SH72749	-	-
-	SH79536	-	-	-	SH72949	-	-
-	SH79344	-	-	-	SH75890	-	-
-	SH80030	-	-	-	SH72942	-	-
-	SH90067	Z240	5+	-	OMM226-73731-7CC-1E5S	-	-
-	SH89073	-	-	-	SH79749	HP	5+
LAPTOP	SH64720	LATITUDE D530	10+	-	SH92415	-	-
-	SH79059	ELITEBOOK 8570P	-	-	SH84501	-	-
-	SH66020	-	-	-	SH74081	-	-
-	SH79060	-	-	-	SH86622	-	-
-	SH78798	-	-	-	SH78710	-	-
-	SH88776	HP	-	-	SH64390	SAMSUNG	-
-	-	-	-	-	SH80275	ACER	-

BC2024-371

(See related items for proposed travel/memberships for the week of 5/13/2024 in Section_D above).

BC2024-372

(See related items for proposed purchases for the week of 5/13/2024 in Section_D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Scope of Work Summary

The Sheriff's Department is requesting approval of a grant amendment from the DOJ COPS Office for the period of 9/01/2022 to 8/31/2024 to extend the period to 2/28/2025 and to correct the amount of the original award. The original grant award was in the amount of \$174,900.00.

CON2022-92 11/21/2022.

This is the first amendment to the FY22 Law Enforcement Mental Health and Wellness Act grant to extend for time only, no additional funding. This extension is due to changes in leadership that resulted in delays in processing the original award and contracting for services.

The primary goals of the project are to:

Develop knowledge and increase awareness of effective mental health and wellness strategies for law enforcement officers.

Strengthen the skills and abilities of law enforcement officers regarding mental health and wellness.

Increase the number of law enforcement officers using peer support, suicide prevention, and family resources.

Procurement

Purchases for mental health and wellness vendors and programs under this grant agreement were conducted via Requests for Bids.

Project Status and Planning

This is an extension of time for the FY22 Law Enforcement Mental Wellness Act (LEMHWA) Implementation Projects Grant.

Funding

The project is funded 100% by the U.S. Department of Justice (DOJ) FY22 Law Enforcement Mental Wellness Act (LEMHWA) Implementation Projects Grant. No County match is required.

Item No. 2

Scope of Work Summary

The Department of Public Safety & Justice Services - Office of Emergency Management is requesting authority to submit an amendment for a supplemental grant award in the amount of \$50,989 (original award \$294,663 – new amended amount \$345,652) for the FY 2022 Emergency Management Performance Grant Program (EMPG). The original dates of this grant award were 10/1/2021 – 12/31/2023 and the new amended dates are 10/1/2021-3/31/2024. The notice of the grant award was received from the Ohio Emergency Management Agency (pass through) on 4/23/2024.

This award is a 50% reimbursement grant of eligible expenses of the Office of Emergency Management. The grant award does not include any additional county match funds or, any obligations that the county contract with external service providers or vendors.

Procurement - Grant Award

Contractor and Project Information
Ohio Emergency Management Agency
Preparedness Grants Branch

2855 West Dublin Granville Road
Columbus, Ohio 43235

Project Status and Planning

The project is reoccurring to the county. The purpose of the Emergency Management Performance Grant (EMPG) Program is to provide federal funds to states to assist local, territorial, and tribal governments in preparing for all hazards. Title VI of the Stafford Act authorizes DHS/FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, states, and their political subdivisions. The Ohio Emergency Management Agency passes approximately 65% of EMPG funds through to county EMA's.

Funding

The project is funded by the Ohio Emergency Management Agency (OEMA) with funds received from the Department of Homeland Security/Federal Emergency Management Agency. The award is allocated annually using 25% as a base for each county; and 75% based on population. The Cuyahoga County FY 2022 amended award amount is now \$345,652. County reimbursements will not exceed 50% of eligible expenses.

This is a continuation grant, previous awards listed below:

SFY 2010 - \$251,345.00
SFY 2011 - \$248,753.00
SFY 2012 - \$248,753.00
SFY 2013 - \$245,625.00
SFY 2014 - \$262,221.00
SFY 2015 - \$284,705.00
SFY 2016 - \$273,463.00
SFY 2017 - \$273,463.00
SFY 2018 - \$273,463.00 BC2018-723
SFY 2019 - \$273,463.00 BC2019-835
SFY 2020 - \$274,304.53 BC2020-515
SFY 2021 - \$306,507.00 BC2021-658
SFY 2022 - \$294,663.00 CON2023-22
SFY 2022 – Supplemental \$50,989

Item No. 3

Scope of Work Summary

Department of Public Safety and Justice Services, is requesting approval to accept the FY23 Violence Against Women Act VAWA Block Grant Funding. The request is in accordance with approval of the authority to apply under CON2023-111

On 12/28/2002 the Ohio Department of Public Safety notified Public Safety and Justice Services that the block allocation in the amount of \$770,632.73 was incorrect. The correct allocation amount is \$647,331.50.

If the Project is not new to the County List the Prior Board Approval Number or Resolution Number.

BC2023-172 item 2
CON2022-32

The primary goal of the funding for this grant is to allocate funding to the projects selected by the VAWA Allocation Committee to provide direct services to victims of domestic violence, sexual assault and prosecution of alleged offenders. Approval of this award will assist in processing the contracts entered into with the subrecipients in an effort to avoid potential interruption of services.

Procurement

The block funding allocated by the State of Ohio Office of Criminal Justice Services through funding appropriated by the U.S. Department of Justice. Funding allocated to the subrecipients was done through the release of an RFP that was posted on the Public Safety and Justice Services website from 7/18/2023 through 9/30/2023. The Allocation Committee reviewed, scored the proposals, and thereafter met on 9/13/2023 to make recommendations. They met again on 1/23/2024 to revise projects recommendations based on the new funding amount. The selected projects are referenced in section D.

Contractor and Project Information

Project location and service delivery will occur throughout Cuyahoga County.

Project Status and Planning

There are seven projects that were recommended for funding by the VAWA Allocation Committee. Projects start and end dates are 1/1/24 through 12/31/24. The projects which were chosen are:

Bedford Municipal Court (\$32,366.57)
City of Cleveland (3 projects)
Prosecution (\$161,832.88)
Law Enforcement – DV Unit (\$114,901.34)
Law Enforcement – Sexual Assault Advocate (\$46,931.54)
Cleveland Rape Crisis Center (\$128,171.63)
Jewish Family Services Association (\$55,346.85)
Journey Center for Safety and Healing (\$107,780.69)

The project's term has already begun. State the timeline and reason for late submission of the item. The reasons for the delay are listed below.

On September 11, 2023 the VAWA Allocation Committee met to score and recommend applications. The first set of Intent to award letters was sent out on 9/21/2023.
Applications submitted to IntelliGrants on 9/27/2023.
Authority to apply for funds was submitted to OnBase on 10/6/23.
On December 28, 2023, the Ohio Department of Youth Services-ODYS notified PSJS's that the funding amount allocated for FY23 VAWA was incorrect.
Held VAWA Allocation meeting to discuss new funding amounts for applicants on 1/23/2023.
New Intent to Award letters went out to the applicants on 1/24/2024.
Sent new Attachment A to ODYS on 1/25/2024.
Waiting on ODYS's to send the pre-award conditions.

Received Pre-Award Conditions for the applications on 2/15/2024. Had signed by PSJS staff.
 Enter Pre-Award Conditions in OnBase for signature on 3/1/2024.
 Pre-Award Conditions were signed on 3/14/2024.
 PSJS hosted FY23 VAWA Subrecipient Orientation on 3/26/2024.
 Received Grant Award on 4/25/2024.
 Award entered into OnBase on 4/25/2024.

The Subgrant Award does not need a wet signature. N/A

Funding

The funds for this grant are funded through an award for the FY23 STOP Violence Against Women Act Block Grant from the Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS). Subrecipients are reimbursed by Cuyahoga County for services provided through monthly invoices.

Item No. 4

Title	RQ# N/A – 2024 – Dollar Bank – Grant Apply and Accept – Sponsorship for the 18 th Annual Fatherhood Conference	
Department or Agency Name	Cuyahoga County Fatherhood Initiative	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant 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):	
Department of Purchasing use only		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
(O) 18 th Annual Fatherhood Conference	N/A	Dollar Bank	June 14, 2024	\$5,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase. Fatherhood Initiative is requesting approval to receive a grant from Dollar Bank for \$5,000.00 for the 18th Annual Fatherhood Conference being held on June 14, 2024.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • To promote healthy father-child relationships • Address the social problems that result from “father absence.” • Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.

If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Dollar Bank 1301 East 9 th St. 1 st Floor Cleveland, OH 44114	Dorothy Curtis, Vice President of Community Development
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> N/A <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Grant Apply and Accept
The total value of the solicitation: \$5,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received): N/A-Bids will be requested once grant approval is given.	<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, <i>please explain</i> .	<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, <i>please explain</i> : N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Grant Apply and Accept

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

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

Are services covered under the original ERP Budget or Project? Yes No, please explain.

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

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

Grant Funding Sponsored by Dollar Bank

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

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

Provide status of project.

New Service or purchase Recurring service or purchase

Is contract 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:

Date item was entered and released in Infor:

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

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

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

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
(O) 17 th Annual Fatherhood Conference	N/A	Dollar Bank	June 16, 2023	\$4,000.00	4.17.2023	CON2023-38

Item No. 5

Title	RQ# N/A- 2024 Meijer Corporation- Donation- Sponsorship for the 18 th Annual Fatherhood Conference
Department or Agency Name	Cuyahoga County Fatherhood Initiative
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Donation

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	N/A	Meijer Corporation	June 14, 2024	500.00	TBD	TBD

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

Fatherhood Initiative is requesting approval to receive a donation from Meijer Corporation for \$500.00 for the 18th Annual Fatherhood Conference being held on June 14, 2024.

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

Project Goals, Outcomes or Purpose (list 3):

- To promote healthy father-child relationships
- Address the social problems that result from “father absence”
- Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
2190 E 105 th St. Cleveland, OH 44106	Julia O’Laughlin, Marketing Manager
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ # <i>if applicable</i> <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: \$500	<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, <i>please explain</i> .	<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, <i>please explain</i> :	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Donation for Conference

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (<i>No acronyms i.e. HHS Levy, CDBG, etc.</i>). <i>Include % if more than one source.</i> Donation from the Meijer Corporation
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): This funding was solicited for the conference as a donation.
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.

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

HISTORY (see instructions):

Item No. 6

Title	RQ# N/A; 2024-St. Luke Foundation-Grant Apply and Accept- Sponsorship for the 18 th Annual Fatherhood Conference
Department or Agency Name	Cuyahoga County Fatherhood Initiative
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant 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 Approved/ Council's Journal Date	Approval No.
(O) 18 th Annual Fatherhood Conference	N/A	Saint Luke Foundation	June 14, 2024	\$7,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>Fatherhood Initiative is requesting approval to receive a grant, from St. Luke's Foundation for \$7,000.00 for the 18th Annual Fatherhood Conference being held on June 14, 2024.</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A</p>
Project Goals, Outcomes or Purpose (list 3):

- To promote healthy father-child relationships
- Address the social problems that result from “father absence.”
- Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
11327 Shaker Blvd Ste 600W Cleveland, OH 44104	Jeffrey Sugalski, Grants Manager
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # <i>if applicable</i> N/A <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Grant Apply and Accept
The total value of the solicitation: \$7,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received): N/A- Bids will be requested once grant approval is given.	<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, <i>please explain</i> .	<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, <i>please explain</i> : N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment (<i>list original procurement</i>) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Grant Apply and Accept

Is Purchase/Services technology related Yes No. If yes, complete section below:

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

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

Grant Funding Sponsored by St. Luke's Foundation

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

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

Provide status of project.

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

HISTORY (see instructions):						
Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/Council's Journal Date	Approval No.
17 th Annual Fatherhood Conference	N/A	Saint Luke Foundation	June 16, 2023	\$10,000.00	4.17.2023	CON2023-39

Item No. 7

(See related list of Contracts \$0.00 - \$4,999.99 – processed and executed for the week of 5/13/2024 in Section V. above).

Item No. 8

(See related list of purchases processed in the amount not-to-exceed \$5,000.00 for the period 3/1/2024 – 3/31/2024 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT