



AGENDA
CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING
COMMITTEE MEETING
WEDNESDAY, NOVEMBER 22, 2023
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
12:30 PM

Committee Members:

Yvonne M. Conwell, Chair – District 7
Martin J. Sweeney, Vice Chair – District 3
Cheryl L. Stephens – District 10
Meredith M. Turner – District 9
Dale Miller – District 2

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES FROM THE NOVEMBER 1, 2023 MEETING** [See Page 14]
- 5. MATTERS REFERRED TO COMMITTEE**
 - a) R2023-0329: A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3824 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 17]
 - b) R2023-0330: A Resolution authorizing an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60; authorizing the

County Executive to execute the Master Contract and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 26]

- 1) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority in the amount not-to-exceed \$247,925.20.
 - 2) Contract No. 1101 with The East End Neighborhood House in the amount not-to-exceed \$247,925.20.
 - 3) Contract No. 1103 with Murtis Taylor Human Services System in the amount not-to-exceed \$792,052.92.
 - 4) Contract No. 1105 with University Settlement, Incorporated in the amount not-to-exceed \$882,069.14.
 - 5) Contract No. 3261 (fka Contract No. 1098) with Catholic Charities Corporation in the amount not-to-exceed \$688,959.77.
 - 6) Agreement No. 3262 (fka Agreement No. 1099) with City of Lakewood in the amount not-to-exceed \$585,866.61.
 - 7) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center in the amount not-to-exceed \$296,202.54.
 - 8) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children in the amount not-to-exceed \$441,034.57.
 - 9) Contract No. 3269 (fka Contract No. 1106) with West Side Community House in the amount not-to-exceed \$730,698.65.
- c) R2023-0331: A Resolution authorizing an amendment to a Master Contract with various providers for family centered support services for at-risk children and families for the period of 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00; authorizing the County Executive to execute the Master Contract and all other documents consistent this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 70]
- 1) Contract No. 1995 with Bellefaire Jewish Children’s Bureau in the amount not-to-exceed \$89,115.00.

- 2) Contract No. 2042 with Applewood Centers, Inc. in the amount not-to-exceed \$655,000.00.
- 3) Contract No. 2043 with Beech Brook in the amount not-to-exceed \$300,000.00.
- 4) Contract No. 2044 with Catholic Charities Corporation in the amount not-to-exceed \$605,000.00.
- 5) Contract No. 2045 with The Cleveland Christian Home Inc. in the amount not-to-exceed \$15,000.00.
- 6) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$160,000.00.
- 7) Contract No. 2047 with OhioGuidestone in the amount not-to-exceed \$120,000.00.
- 8) Contract No. 2049 with Ohio Mentor, Inc. in the amount not-to-exceed \$70,000.00.
- 9) Contract No. 2050 with Pressley Ridge in the amount not-to-exceed \$320,000.00.
- 10) Contract No. 2051 with National Youth Advocate Program, Inc. in the amount not-to-exceed \$45,000.00.
- 11) Contract No. 2052 with Specialized Alternatives for Families and Youth of Ohio, Inc. in the amount not-to-exceed \$100,000.00.

- d) R2023-0332: A Resolution authorizing an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount not-to-exceed \$61,500,000.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective:

[See Page 127]

To expand the scope of services, effective 1/1/2024:

- 1) Contract No. 2015 with Habilitation Centers, LLC dba Little Creek Behavioral Health in the amount not-to-exceed \$1,254,970.00.

To terminate contracts with various providers, effective 1/1/2024:

- 1) Contract No. 2010 with Detroit Behavioral Institute, Inc.
- 2) Contract No. 2341 with George Junior Republic in Pennsylvania
- 3) Contract No. 2346 with Hittle House
- 4) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 5) Contract No. 2001 with Rite of Passage, Inc.
- 6) Contract No. 2006 with The Twelve of Ohio, Inc

To add new providers, effective 1/1/2024:

- 1) Contract No. 3903 with Advantage Family Outreach & Foster Care in the amount not-to-exceed \$0.01.
- 2) Contract No. 3914 with Dimensional Phases Group Home in the amount not-to-exceed \$0.01.
- 3) Contract No. 3904 with Mimique Homes Inc. in the amount not-to-exceed \$0.01.
- 4) Contract No. 3905 with The Bair Virginia in the amount not-to-exceed \$0.01.

Additional funds:

- 1) Contract No. 1991 with Adelphoi Village, Inc. in the amount not-to-exceed \$1,223,596.00.
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services in the amount not-to-exceed \$883,459.00.
- 3) Contract No. 1996 with Open Arms Adoption, Inc. in the amount not-to-exceed \$24,900.00.
- 4) Contract No. 1998 with Pressley Ridge in the amount not-to-exceed \$1,269,412.00.
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc. in the amount not-to-exceed \$298,802.00.
- 6) Contract No. 2000 with Raven House in the amount not-to-exceed \$179,281.00.
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc in the amount not-to-exceed \$232,418.00.
- 8) Contract No. 2003 with RTC Acquisition Corporation in the amount not-to-exceed \$319,000.00.
- 9) Contract No. 2004 with Specialized Alternatives for Families & Youth of Ohio, Inc. in the amount not-to-exceed \$6,268,839.00.

- 10) Contract No. 2005 with The Bair Foundation in the amount not-to-exceed \$1,252,081.00.
- 11) Contract No. 2007 with Cleveland Christian Home in the amount not-to-exceed \$1,922,296.00.
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC in the amount not-to-exceed \$645,941.00.
- 13) Contract No. 2009 with Destiny Family Services in the amount not-to-exceed \$45,418.00.
- 14) Contract No. 2011 with Eastway Corporation in the amount not-to-exceed \$102,589.00.
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center in the amount not-to-exceed \$1,404,471.00.
- 16) Contract No. 2013 with Freedom Youth Program in the amount not-to-exceed \$247,010.00.
- 17) Contract No. 2014 with Gracehaven, Inc. in the amount not-to-exceed \$209,510.00.
- 18) Contract No. 2016 with Applewood Centers, Inc. in the amount not-to-exceed \$1,382,559.00.
- 19) Contract No. 2018 with Beech Brook in the amount not-to-exceed \$2,142,812.00.
- 20) Contract No. 2019 with The Village Network in the amount not-to-exceed \$1,311,309.00.
- 21) Contract No. 2020 with Young Star Academy, LLC. dba Mohican Young Star Academy in the amount not-to-exceed \$1,535,757.00.
- 22) Contract No. 2021 with Youth Intensive Services, Inc in the amount not-to-exceed \$206,147.00.
- 23) Contract No. 2022 with Youth Opportunity Investments, LLC in the amount not-to-exceed \$95,554.74.
- 24) Contract No. 2023 with Artis's Tender Love & Care, Inc. in the amount not-to-exceed \$0.01.
- 25) Contract No. 2024 with Focus 2 Focus, Inc. in the amount not-to-exceed \$82,669.00.
- 26) Contract No. 2025 with In Focus of Cleveland, Inc. in the amount not-to-exceed \$1,065,729.00.
- 27) Contract No. 2026 with Jaystarr Homes 2, Inc. in the amount not-to-exceed \$290,685.00.
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas in the amount not-to-exceed \$214,241.00.
- 29) Contract No. 2032 with House of New Hope in the amount not-to-exceed \$2,704,162.00.
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living in the amount not-to-exceed \$314,041.00.
- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center in the amount not-to-exceed \$132,469.00.

- 32) Contract No. 2036 with Life's Right Direction, Inc. in the amount not-to-exceed \$205,078.00.
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services in the amount not-to-exceed \$45,816.00.
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T. (Support to At-Risk Teens) in the amount not-to-exceed \$912,144.00.
- 35) Contract No. 2040 with National Youth Advocate Program, Inc. in the amount not-to-exceed \$4,920,280.00.
- 36) Contract No. 2059 with Necco, LLC. in the amount not-to-exceed \$24,900.00.
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC. in the amount not-to-exceed \$621,011.00.
- 38) Contract No. 2064 with New Directions, Inc. in the amount not-to-exceed \$49,053.00.
- 39) Contract No. 2065 with Northeast Ohio Adoption Services in the amount not-to-exceed \$179,281.00.
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc. in the amount not-to-exceed \$163,345.00.
- 41) Contract No. 2067 with Ohio Mentor, Inc. in the amount not-to-exceed \$6,329,173.00.
- 42) Contract No. 2068 with OhioGuidestone in the amount not-to-exceed \$4,803,739.00.
- 43) Contract No. 2069 with Pathway Caring for Children in the amount not-to-exceed \$1,050,988.00.
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC in the amount not-to-exceed \$996.00.
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau in the amount not-to-exceed \$3,132,419.00.
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc. in the amount not-to-exceed \$2,447,192.00.
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents in the amount not-to-exceed \$2,447,192.00.
- 48) Contract No. 2075 with Cadence Care Network in the amount not-to-exceed \$746,926.00.
- 49) Contract No. 2076 with Caring for Kids, Inc. in the amount not-to-exceed \$1,435,751.00.
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC in the amount not-to-exceed \$125,995.00.
- 51) Contract No. 2078 with Catholic Charities Corporation in the amount not-to-exceed \$834,655.00.
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc. in the amount not-to-exceed \$334,161.00.

- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc. in the amount not-to-exceed \$24,900.00.
- 54) Contract No. 2299 with Woods Services, Inc. in the amount not-to-exceed \$0.01.
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc. in the amount not-to-exceed \$0.01.
- 56) Contract No. 2349 with Keystone Newport News LLC in the amount not-to-exceed \$0.01.
- 57) Contract No. 2351 with Life Start, Inc. in the amount not-to-exceed \$0.01.
- 58) Contract No. 2768 One Child Every Chance Foundation in the amount not-to-exceed \$0.01.
- 59) Contract No. 2771 SP Behavioral LLC dba Sandy Pines in the amount not-to-exceed \$0.01.
- 60) Contract No. 2772 Tennessee Clinical Schools LLC dba Hermitage Hall in the amount not-to-exceed \$0.01.
- 61) Contract No. 2773 The Buckeye Ranch, Inc. in the amount not-to-exceed \$0.01.
- 62) Contract No. 2774 Youth Opportunities Investments - Rockdale Youth Academy in the amount not-to-exceed \$0.01.
- 63) Contract No. 3183 Conway Behavioral Health in the amount not-to-exceed \$0.01.
- 64) Contract No. 3186 HHC Poplar Springs, LLC in the amount not-to-exceed \$0.01.
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy in the amount not-to-exceed \$0.01.
- 66) Contract No. 3427 with Rehabilitation Centers LLC dba Millcreek of the Pontotoc in the amount not-to-exceed \$0.01.
- 67) Contract No. 3531 with Benchmark Behavioral Health Systems Inc. in the amount not-to-exceed \$0.01.
- 68) Contract No. 3593 with Pathways to Purpose in the amount not-to-exceed \$0.01.
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center in the amount not-to-exceed \$0.01.
- 70) Contract No. 3679 with Cumberland Hospital LLC in the amount not-to-exceed \$0.01.
- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF in the amount not-to-exceed \$0.01.
- 72) Contract No. 3703 with Glenwood Behavioral Health in the amount not-to-exceed \$0.01.
- 73) Contract No. 3702 with Cedar Crest Hospital in the amount not-to-exceed \$0.01.
- 74) Contract No. 3713 with A Loving Heart Youth Services in the amount not-to-exceed \$0.01.

- e) R2023-0333: A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 158]

- f) R2023-0334: A Resolution authorizing an agreement with Cuyahoga County Board of Developmental Disabilities in the amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Agreement No. 3853 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 169]

- g) R2023-0335: A Resolution authorizing an agreement with Cuyahoga County Prosecutor’s Office in the amount not-to-exceed \$8,322,252.00 for legal services for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Agreement No. 3854 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 178]

- h) R2023-0336: A Resolution making an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 188]
 - 1) Contract No. 3716 with Ashbury Community Services, Inc. in the amount not-to-exceed \$202,500.00 for Adult Development services.
 - 2) Contract No. 3717 with Catholic Charities Corporation – Fatima Family Center in the amount not-to-exceed \$328,159.90 for Adult Development and Meal services.
 - 3) Contract No. 3763 with Catholic Charities Corporation – Hispanic Senior Center in the amount not-to-exceed \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
 - 4) Contract No. 3765 with Catholic Charities Corporation – St. Martin De Porres in the amount not-to-exceed

- \$159,996.60 for Adult Development and Transportation services.
- 5) Contract No. 3766 with City of Bedford in the amount not-to-exceed \$123,991.10 for Adult Development, Meals and Transportation services.
 - 6) Contract No. 3757 with City of Berea in the amount not-to-exceed \$159,918.68 for Adult Development and Transportation services.
 - 7) Contract No. 3758 with City of Euclid in the amount not-to-exceed \$90,080.00 for Adult Development and Transportation services.
 - 8) Contract No. 3759 with City of Lakewood in the amount not-to-exceed \$84,328.00 for Adult Development and Transportation services.
 - 9) Contract No. 3760 with City of Maple Heights in the amount not-to-exceed \$81,800.00 for Meals and Transportation services.
 - 10) Contract No. 3761 with City of Olmsted Falls in the amount not-to-exceed \$60,000.48 for Adult Development services.
 - 11) Contract No. 3742 with City of Parma – Donna Smallwood Activities Center in the amount not-to-exceed \$24,807.60 for Adult Development and Meals services.
 - 12) Contract No. 3751 with City of Parma Heights in the amount not-to-exceed \$494,794.00 for Adult Development, Meals and Transportation services.
 - 13) Contract No. 3743 with City of Solon in the amount not-to-exceed \$158,297.68 for Adult Development services.
 - 14) Contract No. 3744 with City of Strongsville in the amount not-to-exceed \$193,201.00 for Adult Development and Transportation services.
 - 15) Contract No. 3745 with Cleveland Clergy Alliance in the amount not-to-exceed \$216,000.00 for Community Outreach services.
 - 16) Contract No. 3746 with Community Partnership on Aging in the amount not-to-exceed \$203,596.44 for Adult Development and Transportation services.
 - 17) Contract No. 3738 with East End Neighborhood House, Inc. in the amount not-to-exceed \$273,137.00 for Adult Development, Meals and Transportation services.
 - 18) Contract No. 3739 with Famicos Foundation, Inc. in the amount not-to-exceed \$199,080.00 for Adult Development and Transportation services.
 - 19) Contract No. 3740 with Harvard Community Services Center, Inc. in the amount not-to-exceed \$201,942.24 for Adult Development, Meals and Transportation services.
 - 20) Contract No. 3741 with Jennings Center for Older Adults in the amount not-to-exceed \$75,679.36 for Adult Day

Service, Adult Development, Meals and Transportation services.

- 21) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in the amount not-to-exceed \$60,000.24 for Adult Development services.
- 22) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in the amount not-to-exceed \$45,792.00 for Adult Development services.
- 23) Contract No. 3754 with Murtis Taylor Human Services System in the amount not-to-exceed \$366,880.00 for Adult Development, Meals and Transportation services.
- 24) Contract No. 3755 with Rose Centers for Aging Well, LLC in the amount not-to-exceed \$549,829.12 for Adult Development, Meals and Transportation services.
- 25) Contract No. 3756 with Senior Citizen Resources, Inc. in the amount not-to-exceed \$309,363.90 for Adult Development, Meals and Transportation.
- 26) Contract No. 3721 with Senior Transportation Connection in the amount not-to-exceed \$400,030.68 for Transportation services.
- 27) Contract No. 3730 with The Phillis Wheatley Association in the amount not-to-exceed \$100,006.76 for Meal services.
- 28) Contract No. 3726 with The Salvation Army in the amount not-to-exceed \$118,221.20 for Adult Development, Meals and Transportation services.
- 29) Contract No. 3727 with University Settlement in the amount not-to-exceed \$209,999.88 for Adult Development, Meals and Transportation services.
- 30) Contract No. 3728 with West Side Community House in the amount not-to-exceed \$329,172.44 for Adult Development, Meals and Transportation services.

i) R2023-0337: A Resolution making awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective: [See Page 388]

- 1) Contract No. 3732 with A-1 Health Care, Inc. in the amount not-to-exceed \$454,000.00 for Homemaker and Personal Care services.
- 2) Contract No. 3779 with ABC International Services, Inc. in the amount not-to-exceed \$32,000.00 for Chore and Grab Bar services.

- 3) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing in the amount not-to-exceed \$32,000.00 for Homemaker and Personal Care services.
- 4) Contract No. 3789 with Caring Hearts Health Services LLC in the amount not-to-exceed \$50,000.00 for Homemaker, Personal Care, Chore and Laundry services.
- 5) Contract No. 3792 with Casleo Corporation dba Global Meals in the amount not-to-exceed \$4,600,000.00 for Home Delivered Meal services.
- 6) Contract No. 3788 with Connect America.com LLC in the amount not-to-exceed \$260,000.00 for Emergency Response System services.
- 7) Contract No. 3794 with Essence Health Services, Inc. in the amount not-to-exceed \$150,000.00 for Homemaker and Personal Care services.
- 8) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals in the amount not-to-exceed \$150,000.00 for Home Delivered Meal services.
- 9) Contract No. 3790 with Fernandez Property Group Ohio in the amount not-to-exceed \$20,000.00 for Grab Bar services.
- 10) Contract No. 3791 with First Choice Medical Staffing, Inc. in the amount not-to-exceed \$118,000.00 for Homemaker and Personal Care services.
- 11) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care in the amount not-to-exceed \$190,000.00 for Homemaker services.
- 12) Contract No. 3775 with Home Care Relief, Inc. in the amount not-to-exceed \$380,000.00 for Homemaker services.
- 13) Contract No. 3768 with PurFoods, LLC dba Mom's Meals in the amount not-to-exceed \$900,000.00 for Home Delivered Meal services.
- 14) Contract No. 3770 with Renaissance Home Health Care, Inc. in the amount not-to-exceed \$218,000.00 for Homemaker, Personal Care and Laundry services.
- 15) Contract No. 3771 with Rent a Daughter Senior Care, Inc. in the amount not-to-exceed \$300,000.00 for Homemaker and Personal Care services.
- 16) Contract No. 3772 with Rose Centers for Aging Well, LLC in the amount not-to-exceed \$200,000.00 for Home Delivered Meal services.
- 17) Contract No. 3733 with Senior Transportation Connection in the amount not-to-exceed \$310,000.00 for Transportation services.

- 18) Contract No. 3734 with Solutions Premier Training Services in the amount not-to-exceed \$250,000.00 for Homemaker and Personal Care services.
- 19) Contract No. 3735 with TOBI Transportation Services, LLC in the amount not-to-exceed \$196,000.00 for Transportation services.
- 20) Contract No. 3736 with Transport Assistance, Inc. in the amount not-to-exceed \$50,000.00 for Transportation services.
- 21) Contract No. 3769 with U-First Homecare Services in the amount not-to-exceed \$134,000.00 for Homemaker and Personal Care services.
- 22) Contract No. 3747 with Valued Relationships, Inc. in the amount not-to-exceed \$260,000.00 for Emergency Response System services.
- 23) Contract No. 3749 with Wash House CLE LLC in the amount not-to-exceed \$50,000.00 for Laundry services.
- 24) Contract No. 3750 with XCEL Healthcare Providers, Inc. in the amount not-to-exceed \$246,000.00 for Homemaker and Personal Care services.

- j) R2023-0345: A Resolution authorizing an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 504]
- k) R2023-0346: A Resolution authorizing an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 514]
- l) R2023-0347: A Resolution authorizing a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024; authorizing the County Executive to execute Contract No. 3868 and all

other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 523]

- m) R2023-0348: A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3879 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 533]

6. MISCELLANEOUS BUSINESS

7. ADJOURNMENT

**Complimentary parking for the public is available in the attached garage at 900 Prospect. A skywalk extends from the garage to provide additional entry to the Council Chambers from the 5th floor parking level of the garage. Please see the Clerk to obtain a complimentary parking pass.*

***Council Chambers is equipped with a hearing assistance system. If needed, please see the Clerk to obtain a receiver.*



MINUTES

CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING COMMITTEE MEETING

WEDNESDAY, NOVEMBER 1, 2023

CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS

C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR

1:00 PM

1. CALL TO ORDER

Chairwoman Conwell called the meeting to order at 1:05 p.m.

2. ROLL CALL

Ms. Conwell asked Assistant Deputy Clerk Georgakopoulos to call the roll. Committee members Conwell, Sweeney, Turner and Miller were in attendance and a quorum was determined. Committee member Stephens was absent. Councilmember Simon was also in attendance.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE OCTOBER 18, 2023 MEETING

A motion was made by Mr. Sweeney, seconded by Ms. Turner and approved by unanimous vote to approve the minutes from the October 18, 2023 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2023-0296: A Resolution awarding a total sum, not to exceed \$11,400, to the Cleveland Treatment Center for the theatrical production of “Fragmented – A Family’s Toil Through Trying Times” from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Mr. Prester Pickett, Playwright; and Mr. Len L.C. Collins, Executive Director of the Cleveland Treatment Center, addressed the Committee regarding Resolution No. R2023-0296. Discussion ensued.

Committee members and Councilmember asked questions of Mr. Pickett and Mr. Collins pertaining to the item, which they answered accordingly.

On a motion by Mr. Sweeney with a second by Ms. Turner, Resolution No. R2023-0296 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell, Ms. Turner, Ms. Simon, Mr. Sweeney and Mr. Miller requested to have their names added as co-sponsors to the legislation.

- b) R2023-0298: A Resolution awarding a total sum, not to exceed \$50,000, to Neighborhood Health Care Inc. d.b.a. Neighborhood Family Practice for the Increasing Access to Health Care for Underserved Populations Project from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Mr. Domonic Hopson, President and Chief Executive Officer of Neighborhood Health Care Inc. d.b.a. Neighborhood Family Practice, addressed the Committee regarding Resolution No. R2023-0298. Discussion ensued.

Committee members and Councilmember asked questions of Mr. Hopson pertaining to the item, which he answered accordingly.

On a motion by Mr. Sweeney with a second by Ms. Turner, Resolution No. R2023-0298 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Mr. Miller requested to have his name added as a co-sponsor to the legislation.

- c) R2023-0302: A Resolution awarding a total sum, not to exceed \$10,000, to the Community Partnership on Aging for the Safe at Home Program from the District 11 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective.

Ms. Wendy Albin Sattin, Executive Director and Ms. Therese Grida, Development Coordinator for the Community Partnership on Aging, addressed the Committee regarding Resolution No. R2023-0302. Discussion ensued.

Committee members and Councilmember asked questions of Ms. Albin Sattin and Ms. Grida pertaining to the item, which they answered accordingly.

On a motion by Ms. Turner with a second by Mr. Miller, Resolution No. R2023-0302 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

Ms. Conwell and Ms. Turner requested to have their names added as co-sponsors to the legislation.

6. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

7. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 2:15 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0329

| | |
|--|--|
| Sponsored by: County Executive Ronayne/Department of Health and Human Services/Cuyahoga Job and Family Services | A Resolution authorizing a contract with United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3824 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. |
|--|--|

WHEREAS, the County Executive/Department of Health and Human Services/Cuyahoga Job and Family Services recommends entering into a contract United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025; and

WHEREAS, the primary goal for this project is to serve as fiscal agent and to provide emergency food assistance to eligible residents of the County; and

WHEREAS, the project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract United Way of Greater Cleveland in the amount not-to-exceed \$2,440,900.00 for fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents for the period 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Contract No. 3824 and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|--|
| Title | CJFS - United Way of Greater Cleveland – RFP Exemption Contract - Emergency Food Purchases 2024-2025 |
| Department or Agency Name | Cuyahoga Job and Family 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 | 3824 | United Way ER Food | 1/1/2024 – 12/31/2025 | \$2,440,900.00 | Pending | Pending |
| O | 3001 | United Way ER Food | 1/1/2023 – 12/31/2023 | \$1,220,450.00 | 1/24/2023 | R2023-0013 |
| | | | | | | |
| | | | | | | |

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

Cuyahoga Job and Family Services is requesting approval of a contract with **United Way of Greater Cleveland** to provide professional services related to the **Emergency Food Program** for the anticipated cost of **\$2,440,900.00** for the time period of **1/1/2024 – 12/31/2025**.

United Way will provide services related to coordinating the allocation of funds for the purchase of food by the hunger centers serving eligible individuals and families residing in Cuyahoga County.

The Federal Emergency Management Agency/Emergency Food and Shelter Program (FEMA/EFSP) Cuyahoga County Local Board, which is staffed by United Way of Greater Cleveland has the capability to administer these resources and can ensure funds will be allocated based upon community need.

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

Project Goals, Outcomes or Purpose (list 3):

- To provide eligible individuals and families residing in Cuyahoga County with a diverse inventory of food at At a variety of Hunger Network Centers.
- To coordinate the allocation of funds for the purchase of food.
- To provide on-going evaluation of the success of this method of distribution

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): |
| United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, OH 44115 | Sharon Sobol Jordan |
| Vendor Council District: (07) | Project Council District: (07) |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | Serving County-wide |

| 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. RFP Exemption pursuant to Cuyahoga County Code Section 501.12 (B)(2). This falls under Professional Services, sub – type financial. United Way is the fiscal manager of these dollars that will be disbursed to over 30 hunger centers across the County. *See Justification for additional information. |
| The total value of the solicitation: N/A | <input checked="" type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) N/A- RFP Exemption pursuant to Cuyahoga County Code Section 501.12 (B)(2). This falls under Professional Services, sub – type financial. | <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> N/A | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A |
| 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 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. The project is funded 100% by the Health and Human Services Levy dollars |
| 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. In Process, not late. | |
| <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 been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

| | |
|------------------------------------|-----------------------|
| HISTORY (see instructions): | |
| O | R2016-0230 9/7/2016 |
| O | R2017-0222 11/28/2017 |
| O | BC2018-823 11/20/2018 |
| O | R2019-0210 10/08/2019 |
| A1 | BC2020-194 1/26/2021 |
| A2 | R2021-0273 12/7/2021 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|------|
| Infor/Lawson RQ#: | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 3824 |

| | | |
|---|----------------------------|---------------------------|
| United Way-Emergency Food 2024-25 CJFS | Department initials | Clerk of the Board |
| Briefing Memo | LS | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|---|-----------------------------|------------|---------------------|-------------|
| RFP Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| United Way-Emergency Food 2024-25_CJFS | | | Department initials | Purchasing |
| Justification Form | | | LS | EB 10/10/23 |
| IG# | 20-0335-REG exp. 12.31.2024 | | LS | EB 10/10/23 |
| Annual Non-Competitive Bid Contract Statement - (only needed if not going to BOC or Council for approval) | Date: | N/A | | N/A |
| Debarment/Suspension Verified | Date: | 09.15.2023 | LS | EB 10/10/23 |
| Auditor’s Finding | Date: | 09.26.2023 | LS | EB 10/10/23 |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Requirement exp. 08.29.2024 | Date: | 08.29.2023 | LS | EB 10/10/23 |
| Cover - Master contracts only | | | | N/A |
| Contract Evaluation – if required | | | LS/SM | EB 10/10/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | LS | EB 10/10/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| OTHER THAN FULL AND OPEN COMPETITION | |
|---|---------------------|
| RFP Exemptions (Contract) | |
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | LS |
| Matrix Law Screen shot | LS |
| COI exp. 06.01.2024 | LS |
| Workers’ Compensation Insurance exp. 07.01.2024 | LS |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------------------|-----------------|----------------|--------------|-----------------------|
| 01/01/2024 – 12/31/2024 | HS260185 | 55130 | UCH06018 | \$1,220,495.00 |
| 01/01/2025 – 12/31/2025 | HS260185 | 55130 | UCH06018 | \$1,220,495.00 |
| | | | | |
| | | | TOTAL | \$2,440,900.00 |

| | |
|---|------|
| Contract History CE/AG# (if applicable) | N/A |
| Infor/Lawson PO# and PO Code (if applicable) | EXMT |
| Lawson RQ# (if applicable) | N/A |
| CM Contract# | 3824 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|---|-----------------|------------------|---------------------------------------|----------------|----------------|
| Original Amount <i>CM3001-Previous contract</i> | \$1,220,450.00 | | 1/1/2023 – 12/31/2023 | 1/24/2023 | R2023-0013 |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$ | | | |
| Total Contact Amount | | | | | |
| New Contract Action: Exemption CM#3824 | \$2,440,900.00 | | 1/1/2024 – 12/31/2025 | Pending | Pending |

Purchasing Use Only:

| | |
|--------------------|------------------------------------|
| Prior Resolutions: | R2023-0013 |
| CM#: | 3824 |
| Vendor Name: | United Way of Greater Cleveland |
| ftp: | Effective Date – December 31, 2025 |
| Amount: | \$2,440,900.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | N/A |

Purchasing Buyer approval: EB 10/10/2023

2 | Page

Revised 9/17/2021

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | United Way of Greater Cleveland | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM# 3001/CM# 3824 | | | | |
| RQ# | N/A | | | | |
| Time Period of Original Contract | 1.1.2023-12.31.2023 | | | | |
| Background Statement | <p>United Way of Greater Cleveland serves as the fiscal agent to perform the administrative duties related to the distribution, monitoring, and oversight of Cuyahoga County funds to meet the emergency food needs in the County. Through these funds, Hunger Network, on behalf of their 30+ affiliated hunger centers, purchases food and non-food hygiene items directly from the Greater Cleveland Food Bank. The Food Bank ensures that there is a diverse inventory of food that meets community needs, preferences, and cultural values. The Food Bank and Hunger Network also conduct annual hunger center site visits to ensure compliance with food safety and nondiscrimination requirements. Finally, United Way is responsible for providing administrative oversight of County funds, ensuring on-going evaluation of the success and accurate reporting of outcomes.</p> | | | | |
| Service Description | To provide professional services related to coordinating the allocation of funds for the purchase of food by the hunger centers serving eligible individuals and families residing in Cuyahoga County. | | | | |
| Performance Indicators | See page 2 | | | | |
| Actual Performance versus performance indicators (include statistics): | <p>See page 2</p> <p>A total of 84,880 unique households obtained food from the HN Hunger Centers in the 2nd quarter.</p> <p>Of those consumers that obtained food from Hunger Centers, they completed a survey. 179 surveys were completed from six sites. 83% of respondents agreed the food they received would last three days.</p> | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |

| | |
|--------------------------------|---|
| Justification of Rating | Global supply chain issues and national inflation rates left more people in need of emergency support from food pantries, hence the increased number of people served over Q2. The vendor along with the Foodbank and Hunger network have done a good job meeting the needs of the community. |
| Department Contact | Sharonda Mason |
| User Department | Division of Contract Administration and Performance |
| Date | 10.02.2023 |

Performance Indicators and Data

| | Q1 2022 | Q2 2022 | Q3 2022 | Q4 2022 | Q1 2023 | Q2 2023 |
|---|----------------|----------------|----------------|----------------|-------------------------------|----------------|
| Total Individuals Served | 56,290 | 71,946 | 69,515 | 77,545 | 77,320 | 84,880 |
| Pounds of Food | 1,334,915 | 1,421,671 | 1,297,872 | 1,325,718 | 1,433,972 | 1,566,918 |
| % of Food Nutritious | 62% | 59% | 60% | 60% | 61% | 63% |
| Pounds of Non-Food Hygiene Items | 67,721 | 75,179 | 77,892 | 66,626 | 61,352 | 77,283 |
| Non-Food Hygiene Items Cost | \$29,186 | \$25,856 | \$16,099 | \$20,869 | \$18,057 | \$20,150 |
| Total Costs₃ | \$305,198 | \$341,505 | \$218,663 | \$385,186 | \$337,138 | \$357,727 |
| Average Cost Per Pound | \$0.23 | \$0.25 | \$0.17 | \$0.29 | \$0.38 ₄ \$0.24 | \$0.23 |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0330

| | |
|---|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> <p>Co-sponsored by: Councilmember Miller</p> | <p>A Resolution authorizing an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60; authorizing the County Executive to execute the Master Contract and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|---|--|

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Children and Family Services recommends an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60 as follows:

WHEREAS, the primary goal of this project is to continue to serve families at risk of entering, or who have already entered, the child welfare system in Cuyahoga County; and

WHEREAS, this project is funded 70% from Health and Human Services Levy Funds and 30% Federal Funds (Title IV-E); and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for community-based services to support at-risk children and families in Cuyahoga County for the period 4/1/2021 – 12/31/2023 to extend the time period to 12/31/2024 and for additional funds in the total amount not-to-exceed \$4,912,734.60 as follows:

- a) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority;
- b) Contract No.1101 with The East End Neighborhood House;
- c) Contract No.1103 with Murtis Taylor Human Services System;
- d) Contract No. 1105 with University Settlement, Incorporated;
- e) Contract No. 3261 (fka Contract No. 1098) with Catholic Charities Corporation;
- f) Contract No. 3262 (fka Agreement No. 1099) with City of Lakewood;
- g) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center;
- h) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children;
- i) Contract No. 3269 (fka Contract No. 1106) with West Side Community House; and

SECTION 2. That the County Executive is authorized to execute the amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health, or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023

Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested on the Floor: November 14, 2023

Journal _____
_____, 20

| | |
|---|---|
| Vendor Name and address: | Owner, executive director, other (specify): |
| City of Lakewood 16024 Madison Avenue Lakewood, OH 44107 | Chad Berry, Director, Department of Human Services |
| Vendor Council District: 2 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cuyahoga Metropolitan Housing Authority 8120 Kinsman Road Cleveland, OH 44104 | Kristie Grove, CEO |
| Vendor Council District: 7 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The East End Neighborhood House 2749 Woodhill Road Cleveland, OH 44104 | Atunyese Herron, CEO |
| Vendor Council District: 7 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Harvard Community Services Center 18240 Harvard Avenue Cleveland, OH 44128 | Elaine Gohlstin, Executive Director |
| Vendor Council District: 9 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Murtis Taylor Human Services System 13422 Kinsman Road Cleveland, OH 44120 | Lovell J. Custard, President and CEO |
| Vendor Council District: 8 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Centers for Families and Children 4500 Euclid Avenue | Eric Morse, President |

| | |
|---|---|
| Cleveland, OH 44103 | |
| Vendor Council District: 7 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| University Settlement, Inc 4800 Broadway Avenue Cleveland, OH 44127 | Earl Pike, Executive Director |
| Vendor Council District: 7 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| West Side Community House 9300 Lorain Avenue Cleveland, OH 44102 | Rachelle Milner, Executive Director |
| Vendor Council District: 7 | 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 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: \$8,400,000.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 28 / 11 | <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 (3%) SBE (12%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i> : | <input type="checkbox"/> Government Purchase |
| <i>Lowest and best</i> | <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) RQ3429 |

| | |
|-----------------------------------|---|
| 9 proposals were selected out 11. | <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. 70% Health and Human Services Levy, 30% Federal Title IV-E |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): For 2024 |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|---|---|
| Provide status of project. | |
| <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): |
| See page 1 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 1100 |

| | | |
|---------------|-------------------|---------------------------|
| CMHA | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|-----|-------------|
| Late Submittal Required: | Yes | No x |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|-------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No X |
|---|------------------------------|-------------|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|---------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | DG | |
| IG# | | | N/A | |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9.22.23 | DG | |
| Auditor’s Finding | Date: | 9.22.23 | DG | |
| Independent Contractor (I.C.) Requirement | Date: | 10/5/24 | DG | |
| Cover - <i>Master amendments only</i> | | | DG | |
| Contract Evaluation | | | DG | |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | |
| Checklist Verification | | | DG | |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Original Executed Contract (containing insurance terms) & all executed amendments | DG |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|-------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$247,925.20 |
| | | | | |
| | | | | |
| | | | | |
| | | | | \$247,925.20 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 1100 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|--|--|
| Prior Resolutions: | |
| Amend: | |
| Vendor Name: | |
| ftp: | |
| Amount: | |
| History/CE: | |
| EL: | |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | |

2 | Page

Revised 1/7/2022

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 1101 |

| | | |
|------------------------------------|-------------------|---------------------------|
| East End Neighborhood House | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|-----|------|
| Late Submittal Required: | Yes | No X |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No X |
|---|------------------------------|------|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------------|---------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | DG | BRM |
| IG# | 22-0245-REG | | DG | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9.22.23 | DG | BRM |
| Auditor’s Finding | Date: | 9.22.23 | DG | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9.22.23 | DG | BRM |
| Cover - <i>Master amendments only</i> | | | DG | BRM |
| Contract Evaluation | | | DG | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | DG | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Original Executed Contract (containing insurance terms) & all executed amendments | DG |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------------|-----------------|----------------|-------------|---------------------|
| 1/1/24 – 12/31/24 | HS215100 | 55130 | UCH05922 | \$247,925.20 |
| | | | | |
| | | | | |
| | | | | |
| | | | | \$247,925.20 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 1101 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|--|------------------------------------|
| Prior Resolutions: | R2021-122, R2022-02119, R2023-0048 |
| Amend: | 1101 |
| Vendor Name: | East End Neighborhood House, Inc. |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 1103 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | AJ | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|------------|---------------------|------------|
| Murtis Taylor CBS AMND 3 | | | Department initials | Purchasing |
| Justification Form | | | AJ | BRM |
| IG# | 12-1963-REG 12/31/2024 | | AJ | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/2023 | AJ | BRM |
| Auditor’s Finding | Date: | 10/10/2023 | AJ | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9/5/2024 | AJ | BRM |
| Cover - <i>Master amendments only</i> | | | AJ | BRM |
| Contract Evaluation | | | AJ | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | AJ | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | AJ |
| Matrix Law Screen shot | AJ |
| COI | AJ |
| Workers’ Compensation Insurance | AJ |
| Original Executed Contract (containing insurance terms) & all executed amendments | AJ |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|--------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$792,052.93 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$792,052.93 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 1103 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---|--|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 1103 |
| Vendor Name: | Murtis Taylor Human Services System |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | Debarment does not list the full company name. |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 1105 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | AJ | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|------------|----------------------------|-------------------|
| University Settlement CBS AMND 3 | | | Department initials | Purchasing |
| Justification Form | | | AJ | BRM |
| IG# | 12-2872-REG 12/31/2023 | | AJ | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/2023 | AJ | BRM |
| Auditor’s Finding | Date: | 10/10/2023 | AJ | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 10/4/2023 | AJ | BRM |
| Cover - <i>Master amendments only</i> | | | AJ | BRM |
| Contract Evaluation | | | AJ | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | AJ | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | AJ |
| Matrix Law Screen shot | AJ |
| COI | AJ |
| Workers’ Compensation Insurance | AJ |
| Original Executed Contract (containing insurance terms) & all executed amendments | AJ |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|--------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$882,069.14 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$882,069.14 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 1105 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---|-------------------------------------|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 1105 |
| Vendor Name: | University Settlement Inc. |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 3261 |

| | | |
|---------------------------|-------------------|---------------------------|
| Catholic Charities | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|-----|-------------|
| Late Submittal Required: | Yes | No X |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|-------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No X |
|---|------------------------------|-------------|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--|--------------------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | DG | BRM |
| IG# | 12-0766-REG 12-0766-REG 31DEC2023 | | DG | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9.22.23 | DG | BRM |
| Auditor’s Finding | Date: | 9.22.23 | DG | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9/25/24 9/25/23 | DG | BRM |
| Cover - <i>Master amendments only</i> | | | DG | BRM |
| Contract Evaluation | | | DG | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | DG | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Original Executed Contract (containing insurance terms) & all executed amendments | DG |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------------|-----------------|----------------|-------------|---------------------|
| 1/1/24 – 12/31/24 | HS215100 | 55130 | UCH05922 | \$688,959.77 |
| | | | | |
| | | | | |
| | | | | |
| | | | | \$688,959.77 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 3261 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---|--|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 3261 |
| Vendor Name: | Catholic Charities Corporation, dba Catholic Charities, Diocese of Cleveland |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912.734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 3262 |

| | | |
|-------------------------|-------------------|---------------------------|
| City of Lakewood | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|-----|-------------|
| Late Submittal Required: | Yes | No X |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|-------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No X |
|---|------------------------------|-------------|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|---------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | DG | BRM |
| IG# | | | N/A | N/A |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/22/23 | DG | BRM |
| Auditor’s Finding | Date: | 9.22.23 | DG | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9.6.23 | DG | BRM |
| Cover - <i>Master amendments only</i> | | | DG | |
| Contract Evaluation | | | | |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | DG | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Original Executed Contract (containing insurance terms) & all executed amendments | DG |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|-------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$585,866.61 |
| | | | | |
| | | | | |
| | | | | |
| | | | | \$585,866.61 |

| | |
|--|-------------------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 3262 COPY OF 1099 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---|-------------------------------------|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 3262 |
| Vendor Name: | City of Lakewood |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

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|--|------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 3263 |

| | | |
|---|-------------------|---------------------------|
| Harvard Community Service Center | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|-----|--|
| Late Submittal Required: | Yes | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-----------------------------------|---------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | DG | BRM |
| IG# | 12-1457-REG 12-1457-REG 31DEC2023 | | DG | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9.22.23 | DG | BRM |
| Auditor’s Finding | Date: | 9/21/23 | DG | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9/19/23 | DG | BRM |
| Cover - <i>Master amendments only</i> | | | DG | BRM |
| Contract Evaluation | | | DG | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | DG | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Original Executed Contract (containing insurance terms) & all executed amendments | DG |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------------|-----------------|----------------|-------------|---------------------|
| 1/1/24 – 12/31/24 | HS215100 | 55130 | UCH05922 | \$296,202.54 |
| | | | | |
| | | | | |
| | | | | |
| | | | | \$296,202.54 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 3263 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|--|-------------------------------------|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 3263 |
| Vendor Name: | Harvard Community Service Center |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|----------------------|
| Infor/Lawson RQ#: | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 3264 (formerly 1104) |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | AJ | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|--------------------------|----------------------------|-------------------|
| The Centers CBS AMND 3 | | | Department initials | Purchasing |
| Justification Form | | | AJ | BRM |
| IG# | 12-0785-REG 12/31/2023 | | AJ | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/2024 10/10/2023 | AJ | BRM |
| Auditor’s Finding | Date: | 10/10/2024 10/10/2023 | AJ | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 08/24/2024 8/24/2023 | AJ | BRM |
| <i>Cover - Master amendments only</i> | | | AJ | BRM |
| Contract Evaluation | | | AJ | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | AJ | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | AJ |
| Matrix Law Screen shot | AJ |
| COI | AJ |
| Workers’ Compensation Insurance | AJ |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|----|
| Original Executed Contract (containing insurance terms) & all executed amendments | AJ |
|---|----|

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|--------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$441,034.57 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$441,034.57 |

| | |
|--|--|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 3479 |
| CM Contract# | 3264 copy of 1104 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|--------------------|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 3264 |
| Vendor Name: | The Centers for Families and Children dba The Centers |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|----------------|
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|----------------------|
| Infor/Lawson RQ#: | 3469 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 3269 (formerly 1106) |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | AJ | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|------------------------|----------------------------|-------------------|
| West Side Community House CBS AMND 3 | | | Department initials | Purchasing |
| Justification Form | | | AJ | BRM |
| IG# | 12-2980-REG 12/31/2023 | | AJ | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/2023 | AJ | BRM |
| Auditor’s Finding | Date: | 10/10/2023 | AJ | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9/20/2024 9/20/2023 | AJ | BRM |
| Cover - <i>Master amendments only</i> | | | AJ | BRM |
| Contract Evaluation | | | AJ | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | AJ | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | AJ |
| Matrix Law Screen shot | AJ |
| COI | AJ |
| Workers’ Compensation Insurance | AJ |
| Original Executed Contract (containing insurance terms) & all executed amendments | AJ |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------|-----------------|----------------|--------------|---------------------|
| 1/1/24-12/31/24 | HS215100 | 55130 | UCH05922 | \$730,698.65 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$730,698.65 |

| | |
|--|----------------|
| Contract History CE/AG# (if applicable) | 1106 |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | |
| CM Contract# | 3269 COPY 1106 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|-------------|
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| | | | | | |
| Pending Amendment | | \$4,912,734.60 | 1/1/24-12/31/24 | Pending | Pending |
| Total Amendments | | \$13,531,291.90 | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---|-------------------------------------|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048 |
| Amend: | 3269 |
| Vendor Name: | West Side Community House |
| ftp: | 4/1/2021-12/31/2024 |
| Amount: | \$4,912,734.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/27/2023 |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | CMHA |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1100/PO# 210530 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | CMHA has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | CMHA has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | East End Neighborhood House(EENH) |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1101/PO# 210531 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Actual Performance versus performance indicators (include statistics): | EENH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | EENH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | Murtis Taylor |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1103/PO# 210533 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | Murtis Taylor has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Murtis Taylor has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | University Settlement |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1105/PO# 210535 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | University Settlement has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | University Settlement has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | Catholic Charities Corporation |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 3261/PO# 210527 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | Catholic Charities Corporation has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Catholic Charities Corporation has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | The City of Lakewood |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 3262 / PO# 210529 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based, and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Actual Performance versus performance indicators (include statistics): | The City of Lakewood has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | The City of Lakewood has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | Harvard Community Services Center |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 3263 PO# 210532 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

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|---|---|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | Harvard Community Services Center has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Harvard Community Services Center has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | The Centers for Families and Children |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 3264/PO# 210534 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

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|---|---|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | The Centers for Families and Children has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | The Centers for Families and Children has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

CONTRACT EVALUATION FORM

| | |
|---|--|
| Contractor | West Side Community House (WSCH) |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1106/PO# 210536 |
| RQ# | 3429 |
| Time Period of Original Contract | 4/1/2021 – 3/31/2022 |
| Background Statement | For over 20 years, DCFS has implemented a Family to Family (F2F) community-based strategy which is the model for how families are served in Cuyahoga County. Today, community partnerships make it possible for families to know where in their own neighborhood to go when they need help and how to advocate for themselves and their children. Community partners respond to crises and in many cases prevent or limit the need for DCFS involvement. This system of care is designed to integrate public and private child-serving agencies with community resources, providing a child-centered, community-based and culturally competent process to better serve families. |
| Service Description | To provide community-based family support services which address the needs of families currently involved in the child welfare system, families at risk of entering the child welfare system, and youth aging out of the foster care system. Key program activities include: (1) outreach, (2) assessment and re-assessment, (3) service planning, (4) service coordination, (5) case management, (6) emergency assistance, (7) family meetings for children in care, (8) supervised family visits, and (9) independent living skills. |
| Performance Indicators | Common indicators of performance include: (1) Engagement - 80% of families and youth aging out of foster care will complete a standardized assessment and develop a service plan; (2) Families are Self-Sufficient - 80% of families and youth aging out of foster care will obtain and maintain income adequate to meet family and youth basic needs as measured by the assessment tool; (3) Safe and Stable Environment - 80% of families and youth aging out of foster care will achieve a safe and stable environment as measured by the assessment tool and; (4) Satisfaction - 85% of families and youth aging out of foster care who have received services will indicate "agree" or "strongly agree" with the statement "I am satisfied with the services I received" per a distributed satisfaction survey. |

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| | | | | | |
| Actual Performance versus performance indicators (include statistics): | WSCH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | WSCH has met or exceeded most of their common and individual provider outcome goals and continues to develop strategies to improve their performance | | | | |
| Department Contact | Carletta McCoy | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 10/13/2023 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0331

| | |
|---|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> | <p>A Resolution authorizing an amendment to a Master Contract with various providers for family centered support services for at-risk children and families for the period of 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00; authorizing the County Executive to execute the Master Contract and all other documents consistent this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|---|---|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to a Master Contract with various providers for Family Centered Support Services for At-Risk Children and Families for the period of 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00 as follows:

- a) Contract No. 1955 with Bellefaire Jewish Children’s Bureau in an anticipated amount of \$89,115.00.
- b) Contract No. 2042 with Applewood Centers, Inc. in an anticipated amount of \$655,000.00.
- c) Contract No. 2043 with Beech Brook in an anticipated amount of \$300,000.00.
- d) Contract No. 2044 with Catholic Charities Corporation in an anticipated amount of \$605,000.00.
- e) Contract No. 2045 with The Cleveland Christian Home Inc. in an anticipated amount of \$15,000.00.
- f) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$160,000.00.
- g) Contract No. 2047 with OhioGuidestone in an anticipated amount of \$120,000.00.

- h) Contract No. 2049 with Ohio Mentor, Inc. in an anticipated amount of \$70,000.00.
- i) Contract No. 2050 with Pressley Ridge in an anticipated amount of \$320,000.00.
- j) Contract No. 2051 with National Youth Advocate Program, Inc. in an anticipated amount of \$45,000.00.
- k) Contract No. 2052 with Specialized Alternative for Families and Youth of Ohio, Inc. in an anticipated amount of \$100,000.00.

WHEREAS, the primary goal of this project is to continue to develop and deliver effective in-home services that can contribute to stabilizing and strengthening the family to prevent the need for out-of-home care whenever possible; and

WHEREAS, the funding for this project is as follows: (a) 67% Federal Funds (Title IV-E Funds) and (b) 33% from Health and Human Service Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for Family Centered Support Services for At-Risk Children and Families for the period of 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the total amount not-to-exceed \$2,479,115.00 as follows:

- a) Contract No. 1955 with Bellefaire Jewish Children’s Bureau in an anticipated amount of \$89,115.00.
- b) Contract No. 2042 with Applewood Centers, Inc. in an anticipated amount of \$655,000.00.
- c) Contract No. 2043 with Beech Brook in an anticipated amount of \$300,000.00.
- d) Contract No. 2044 with Catholic Charities Corporation in an anticipated amount of \$605,000.00.
- e) Contract No. 2045 with The Cleveland Christian Home Inc. in an anticipated amount of \$15,000.00.
- f) Contract No. 2046 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$160,000.00.
- g) Contract No. 2047 with OhioGuidestone in an anticipated amount of \$120,000.00.

- h) Contract No. 2049 with Ohio Mentor, Inc. in an anticipated amount of \$70,000.00.
- i) Contract No. 2050 with Pressley Ridge in an anticipated amount of \$320,000.00.
- j) Contract No. 2051 with National Youth Advocate Program, Inc. in an anticipated amount of \$45,000.00.
- k) Contract No. 2052 with Specialized Alternative for Families and Youth of Ohio, Inc. in an anticipated amount of \$100,000.00.

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health and safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|--|
| Title | HHS: Division of Children and Family Services Second Amendment to the master agreement with various providers for in home family centered support services |
| Department or Agency Name | Division of Children and Family Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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. |
|--------------------------------------|---|----------------|--------------------------|----------------|---|--------------|
| O | 1995, 2042,2043, 2044,2045, 2046,2047, 2049,2050, 2051,2052 | Multiple | 1/1/2022 – 12/31/2023 | \$5,330,000.00 | 2/9/2022 | R2022-0024 |
| A-1 | 1995, 2042,2043, 2044,2045, 2046,2047, 2048, 2049,2050, 2051,2052 | Multiple | 1/1/2022 – 12/31/2023 | \$75,000.00 | BC022-443 | 7/18/2022 |
| A-2 | 1995, 2042,2043, 2044,2045, 2046,2047, 2048, 2049,2050, 2051,2052 | Multiple | 1/1/2024 - 12/31/2024 | \$2,479,115.00 | Pending | Pending |
| | | | | | | |

| |
|--|
| <p>Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New or <input checked="" type="checkbox"/> Existing service or purchase.</p> <p>The provider will provide timely evidence-based services that contribute to the stabilizing and strengthening of families to prevent the need for out-of-home care whenever possible.</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> <ol style="list-style-type: none"> 1. Improve family and youth functioning. 2. Prevent out of home placement. 3. Reduce involvement with the juvenile justice system. |
| <p>If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |

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| 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 Avenue Cleveland, Oh 44102 | Adam Jacobs |
| Vendor Council District: 3 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Beech Brook 3737 Lander Road Cleveland, OH 44124 | Thomas Royer |
| Vendor Council District: 9 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Bellefaire JCB 22001 Fairmount Blvd Shaker Heights, OH 44118 | Adam Jacobs |
| Vendor Council District: 10 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Catholic Charities Corporation 3135 Euclid Avenue Suite 101 Cleveland, OH 44115 | Joan Hinkelman, Senior Director |
| Vendor Council District: 7 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Cleveland Christian Home 4614 Prospect Avenue Suite 240 Cleveland, Oh 44103 | Charles Tuttle, CEO |
| Vendor Council District: 8 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Mental Health Services for Homeless Persons, Inc dba Frontline Services 1744 Payne Avenue | Naomi Worthington, Grants Manager |

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| | |
|--|--|
| Cleveland, OH 44144 | |
| Vendor Council District: 7 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| National Youth Advocate Program 1801 Watermark Drive Suite 200 Columbus, Oh 43215 | |
| Vendor Council District: n/a | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Ohio Guidestone 434 Eastland Road Berea, Oh 44107 | |
| Vendor Council District: 5 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Ohio Mentor, Inc 6200 Rockside Woods Boulevard, Suite 305 Independence, OH 44131 | |
| Vendor Council District: 6 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Pressley Ridge 23701 Miles Road Cleveland, OH 44128 | Lisa Allomong, Director |
| Vendor Council District: 9 | Project Council District: |
| | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Specialized Alternatives for Families and Youth of Ohio Inc 20600 Chagrin Boulevard, Suite 320 Shaker Heights, OH 44112 | Faith Morehouse, Associate Executive Director |
| Vendor Council District: 9 | Project Council District: |
| | |

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

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| | |
|---|--|
| 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: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 28 / 14 | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input 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 checked="" type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe: |

| | |
|---|--|
| Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below: | |
| <input type="checkbox"/> Check if item on IT Standard List of approved purchase. | If item is not on IT Standard List state date of TAC approval: |
| Is the item ERP related? <input 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 33% Title-IV-E 67% |
| 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission |

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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| | |
|---|--|
| 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): | |
| See above | |

Rev. 7/24/23

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 1995 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-0611 EXP 12/31/2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.04.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|--------------------|
| 1/1/2024 – 12/31/2024 | HS260160 | 55130 | UCH02123 | \$89,115.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$89,115.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 1995 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|--|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 1995 |
| Vendor Name: | Bellefaire Jewish Children’s Bureau (Bellefaire JCB) |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2042 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-0518 exp 12/31/2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.14.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS2601580 | 56030 | UCH09999 | \$420,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$150,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56110 | UCH05942 | \$85,000.00 |
| | | | | |
| | | | TOTAL | \$655,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2042 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2042 |
| Vendor Name: | Applewood Centers |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2043 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-0604 EXP 12/31/2024 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.15.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

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Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260180 | 56030 | UCH09999 | \$50,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$50,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56110 | UCH05930 | \$200,000.00 |
| | | | | |
| | | | TOTAL | \$300,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2043 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2043 |
| Vendor Name: | Beech Brook |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2044 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-0766 EXP 12/31/2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.24.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

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Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260180 | 56030 | Uch09999 | \$430,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$50,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56110 | UCH05930 | \$125,000.00 |
| | | | | |
| | | | TOTAL | \$605,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2044 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|--|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2044 |
| Vendor Name: | Catholic Charities Corporation, dba Catholic Charities, Diocese of Cleveland |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/26/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2045 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 20-0106 EXP 12/31/2024 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9.21.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

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Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|--------------------|
| 1/1/2024 – 12/31/2024 | HS260160 | 55130 | UCH02123 | \$15,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$15,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2045 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|--------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2045 |
| Vendor Name: | Cleveland Christian Home |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2046 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-1897 EXP 12/31/2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9.22.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

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Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$50,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56110 | UCH05930 | \$110,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$160,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2046 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|---|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2046 |
| Vendor Name: | Mental Health Services for Homeless Persons, Inc. dba Frontline |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2047 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 12-0616 EXP 12/31/2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.30.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|--|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$35,000.00 |
| 1/1/2024 – 12/31/2024 | HS260150 | 56110 | UCH05930 | \$85,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$120,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2047 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--|------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2047 |
| Vendor Name: | Ohio Guidestone |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | BRM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2049 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | BRM |
| IG# | 22-0119 EXP 12/31/2026 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9.5.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|--------------------|
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$70,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$70,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2049 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--------------------|--|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2049 |
| Vendor Name: | Ohio Mentor, Inc |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,115.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | Debarment missing INC., in company name, justification list of contracts should have 2049 instead of 249 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

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|---|--|
| Purchasing Buyer’s initials and date of approval | |
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Revised 1/7/2022

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2050 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|--|----------|---------------------|------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | |
| IG# | 22-0119EXP12/31/2026 12-2258-REG31DEC2023 | | CM | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | n/a |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | BRM |
| Auditor’s Finding | Date: | 10.19.23 | CM | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 8.25.23 | CM | BRM |
| Cover - <i>Master amendments only</i> | | | CM | BRM |
| Contract Evaluation | | | CM | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | n/a |
| Checklist Verification | | | CM | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|--|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260180 | 56030 | UCH09999 | \$320,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$320,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2050 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--------------------|------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443 |
| Amend: | 2050 |
| Vendor Name: | Pressley Ridge |
| ftp: | 1/1/2022-12/31/2024 |
| Amount: | \$2,479,1150.00 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|----------------|
| Purchasing Buyer’s initials and date of approval | BRM 10/26/2023 |
|---|----------------|

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2051 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|-------------------------------|---------------------|-------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | EB 10/26/23 |
| IG# | 12-1997 EXP 12/31/2023 | | CM | EB 10/26/23 |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10.19.23 | CM | EB 10/26/23 |
| Auditor’s Finding | Date: | 10.19.23 | CM | EB 10/26/23 |
| Independent Contractor (I.C.) Requirement | Date: | 8.25.23 8/15/23 | CM | EB 10/26/23 |
| Cover - <i>Master amendments only</i> | | | CM | EB 10/26/23 |
| Contract Evaluation | | | CM | EB 10/26/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | EB 10/26/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|--------------------|
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$45,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$45,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2051 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|----------------|----------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--------------------|--------------------------------------|
| Prior Resolutions: | R2022-0024, BC022-443 |
| Amend: | 2 |
| Vendor Name: | National Youth Advocate Program |
| ftp: | 1/1/2022 – 12/31/2023 EXT 12/31/2024 |
| Amount: | \$45,000.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | N/A |

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Revised 1/7/2022

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|---------------|
| Purchasing Buyer’s initials and date of approval | EB 10/26/2023 |
|---|---------------|

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Revised 1/7/2022

Department of Purchasing – Required Documents Checklist

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|--|------|
| Infor/Lawson RQ#: | 6408 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | n/a |
| CM Contract# | 2052 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | CM | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|---------------------------------|---------------------|-------------|
| | | | Department initials | Purchasing |
| Justification Form | | | CM | EB 10/26/23 |
| IG# | 12-2458 EXP 12/31/2023 | | CM | EB 10/26/23 |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10-19-23 10/26/23 | CM | EB 10/26/23 |
| Auditor’s Finding | Date: | 10-19-23 10/26/23 | CM | EB 10/26/23 |
| Independent Contractor (I.C.) Requirement | Date: | 8.22.23 | CM | EB 10/26/23 |
| Cover - <i>Master amendments only</i> | | | CM | EB 10/26/23 |
| Contract Evaluation | | | CM | EB 10/26/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | CM | EB 10/26/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | CM |
| Matrix Law Screen shot | CM |
| COI | CM |
| Workers’ Compensation Insurance | CM |
| Original Executed Contract (containing insurance terms) & all executed amendments | CM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|---------------------|
| 1/1/2024 – 12/31/2024 | HS260150 | 56000 | UCH05942 | \$100,000.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$100,000.00 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | |
| Lawson RQ# (if applicable) | 6408 |
| CM Contract# | 2052 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) | | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/18/2022 | BC022-443 |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | PENDING | PENDING |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|--------------------|---|
| Prior Resolutions: | R2022-0024, BC022-443 |
| Amend: | 2 |
| Vendor Name: | Specialized Alternatives for Family and Youth of Ohio Inc -DBA SAFY of Ohio Inc |
| ftp: | 1/1/2022 – 12/31/2023 EXT 12/31/2024 |
| Amount: | \$100,000.00 |
| History/CE: | ok |
| EL: | ok |
| Procurement Notes: | N/A |

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Revised 1/7/2022

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|---------------|
| Purchasing Buyer’s initials and date of approval | EB 10/26/2023 |
|---|---------------|

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Bellefaire JCB | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1995 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Bellefaire has accepted 70 Medical Case Management referrals in 2022/23. They meet or exceed benchmarks set forth under this contract including improved youth functioning (75%) and increased familial knowledge of medical diagnosis (90%). | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

| | |
|---------------------------|---|
| | Bellefaire meets or exceeds the performance expectations during this contract period. They provide high quality Medical Case Management services to DCFS children and families. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Applewood Centers | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2042 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavioral Therapy and Multi-Systemic Therapy for Youth with Problem Sexual Behavior. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Applewood has accepted 29 Family Preservation referrals, 50 wraparound referrals, 10 MSTPSB referrals, and 12 TFCBT referrals in 2022-23. Applewood continues to meet or exceed their identified benchmarks, including timely engagement (100%), improved functioning scores (89%), and family stability measures (100%) in 2022-23 and continue to provide access and capacity to DCFS when urgent cases are presented. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

| | |
|---------------------------|--|
| | Applewood continues to be a valuable partner to DCFS. During this contract period, Applewood met or exceeded the provider performance expectations identified for the multiple programs offered and continues to support the families and children referred. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Beech Brook | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2043 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services. | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Beech Brook has accepted the following # of referrals in 2022-23: wraparound: 19, Family Preservation: 13, Nurturing parenting: 66, Supported Visitation: 31, TFCBT: 21, AFCBT: 2, PCIT 0. Beech Brook provides multiple programming options for DCFS families. Outcomes vary by program. Family stability is achieved 76%-97%of the time (benchmark 80%) based on program and parenting skills improved 83% (benchmark 75%) of the time and a 94% satisfaction rate (benchmark 80%). | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Beech Brook continues to partner with DCFS and provide multiple evidence-based programming options to meet families where they are at. Some program areas/capacities have been impacted by recruitment/retention challenges. <i>(PCIT, Wraparound and Family Preservation)</i> | | | | |

| | |
|---------------------------|----------------|
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Catholic Charities Corporation | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2044 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Catholic Charities has accepted 44 wraparound, 13 family preservation, 0 IHBT, 0 TBCBT, and 60 supported visit referrals to date. They continue to meet or exceed most programmatic benchmarks identified within the contract. Family stability 100/80%, increased youth functioning 63/75%, improved family supports 100/80%, and 100% family satisfaction rates. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |

| | |
|--------------------------------|--|
| Justification of Rating | <p>During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred.</p> <p>Catholic Charities continues to be a valued partner to DCFS. They meet contractual expectations and provide critical services to our children and families.</p> |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Cleveland Christian Home | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2045 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | During the listed contract period, Cleveland Christian Home has not accepted a referral from DCFS. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | | | X |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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|---------------------------|--|
| | The rating is justified by the agency's inability to offer services to DCFS children and families during the previous contract period. Cleveland Christian Home should be removed as an eligible service provider. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Mental Health Services for Homeless Persons, Inc dba Frontline Services | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2046 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Frontline has accepted 17 TFCBT cases and 22 YAP. Frontline reports that 100% of counselors implement TF-CBT services with 80% fidelity to the model as observed and documented on the TF-CBT Brief Practice Checklist. Clients report a reduction in symptoms on the PTSD RI measure upon closure. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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| | Frontline continues to be a valued partner to DCFS. They are an asset to the community in terms of trauma response and crisis. Frontline continues to meet or exceed contractual expectations. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Ohio Guidestone | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2047 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Ohio Guidestone has received 31 family preservation referrals, 58 nurturing parenting referrals, and 0 supported visitation referrals. Ohio Guidestone continues to meet most of the benchmarks set forth in their contract. 75/75% caregivers reported an improvement in their child's daily functioning. 85/100% families received an initial contact attempt within the timeframe specified. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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| | Ohio Guidestone continues to be a valued partner to DCFS. They openly communicate with DCFS regarding capacity and meet monthly with staff liaisons to address barriers and programmatic challenges. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Ohio Mentor | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2049 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | In 2022, Ohio Mentor has received/accepted 17 referrals for family preservation services and 6 referrals for TFCBT. 88% (80% benchmark) of the families achieved the identified treatment goals; 100% (80% benchmark) of children/families who completed the program showed a decrease score in the CANS subsection Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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| | Ohio Guidestone continues to be a valued partner to DCFS. They are available to assist in emergency referral situations and meet monthly with DCFS liaisons to discuss programmatic issues and keep capacity information up to date. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Pressley Ridge | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2050 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | Pressley Ridge has accepted 22 wraparound referrals in 2022/23. 89% (80% benchmark) of children receiving wraparound remained in the least restrictive environment at time of discharge; 100% (90% benchmark) of families who completed PR wraparound had zero incidents of abuse/neglect during programming. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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| | Pressley Ridge continues to be a valued partner to DCFS. They continue to meet or exceed the benchmarks set forth in the current contract. Pressley Ridge meets monthly with DCFS liaisons to maintain communication and troubleshoot referral issues and training schedules. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | National Youth Advocate Program | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2051 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | In 2022/23, NYAP accepted 113 Family Preservation referrals. NYAP has not submitted Quarterly Reports for 2022/23. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. | | | | |

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|---------------------------|---|
| | NYAP has not forwarded the necessary statistical reports for us to complete a performance review. DCAP will reach out to NYAP to discuss this matter. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.17.23 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Specialized Alternatives for Families and Youth of Ohio, Inc DBA SAFY of Ohio, Inc. | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2052 | | | | |
| RQ# | 6408 | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | Under this contract the provider will address the needs of at-risk and/or multi-system involved families by providing an array of intensive in-home family support services that will result in a safe and stable environment and improved family functioning for families referred by the Division of Children and Family Services | | | | |
| Service Description | The in-home family support services provided are intended to enhance family functioning and reduce the risk of child abuse and neglect. The services provided include, High Fidelity Wraparound Services, Family Preservation Services, Evidence-based Therapy including, Parent Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Alternatives for Families Cognitive Behavioral Therapy. | | | | |
| Performance Indicators | Submission of monthly statistical reports: bi-weekly availability; bi-weekly individual child/case specific progress reports; 80% of families to which the provider initiates services with the referred client population (engagement rate), will participate in services; reduction in incidents of repeat maltreatment. | | | | |
| Actual Performance versus performance indicators (include statistics): | SAFY has accepted 46 referrals for family preservation this year. SAFY continues to meet or exceed programmatic benchmarks that are set forth in the current contract. 87% (75% benchmark) of the youth who received family preservation with SAFY showed an increase in youth functioning; the same amount (90%) also showed an increase in family functioning. 98% of the families enrolled in services indicated overall satisfaction with SAFY (75% benchmark). | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |

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|--------------------------------|--|
| Justification of Rating | During this contract period, the provider met or exceeded the provider performance expectations identified for the programs offered and continues to support the families and children referred. |
| Department Contact | Karen Stormann |
| User Department | |
| Date | 10.26.23 |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0332

| | |
|---|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> | <p>A Resolution authorizing an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount not-to-exceed \$61,500,000.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|---|---|

WHEREAS, pursuant to Chapter 5153 of the Ohio Revised Code, the Division of Children and Family Services (“DCFS”) is responsible for the administration of child welfare in Cuyahoga County subject to the rules and standards of the Ohio Department of Jobs and Family Services (“ODJFS”); and

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers effective 1/1/2024, and for additional funds in the amount not-to-exceed \$61,500,000.00 as follows:

- a) **To expand the scope of services, effective 1/1/2024:**
 - 1) Contract No. 015 with Habilitation Centers, LLC dba Little Creek Behavioral Institute, Inc

- b) **To terminate contracts with various providers, effective 1/1/2024:**
 - 1) Contract No, 2010 with Detroit Behavioral Institute, Inc.

- 2) Contract No. 2341 with George Junior Republic in Pennsylvania
- 3) Contract No. 2346 with Hittle House
- 4) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 5) Contract No. 2001 with Rite of Passage, Inc.
- 6) Contract No. 2006 with The Twelve of Ohio, Inc.

c) **To add new providers, effective 1/1/2024:**

- 1) Contract No. 3903 with Advantage Family Outreach & Foster Care;
- 2) Contract No. 3914 with Dimensional Phases Group Home;
- 3) Contract No. 3904 with Mimique Homes, Inc.;
- 4) Contract No. 3905 with The Bair Virginia;

d) **Additional funds:**

- 1) Contract No. 1991 Adelphoi Village, Inc;
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services;
- 3) Contract No. 1996 with Open Arms Adoption, Inc;
- 4) Contract No. 1998 with Pressley Ridge;
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc;
- 6) Contract No. 2000 with Raven House;
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc;
- 8) Contract No. 2003 with RTC Acquisition Corporation;
- 9) Contract No. 2004 with Specialized Alternatives for Families and Youth of Ohio, Inc;
- 10) Contract No. 2005 with The Bair Foundation
- 11) Contract No. 2007 with Cleveland Christian Home;
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC;
- 13) Contract No. 2009 with Destiny Family Services;
- 14) Contract No. 2011 with Eastway Corporation;
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center;
- 16) Contract No. 2013 with Freedom Youth Program;
- 17) Contract No. 2014 with Gracehaven, Inc;
- 18) Contract No. 2016 with Applewood Centers, Inc.;
- 19) Contract No. 2018 with Beech Brook;
- 20) Contract No. 2019 with The Village Network;
- 21) Contract No. 2020 with Young Star Academy, LLC dba Mohican Young Star Academy;
- 22) Contract No. 2021 with Youth Intensive Services, Inc;
- 23) Contract No. 2022 with Youth Opportunity Investments, LLC;
- 24) Contract No. 2023 with Artis's Tender Love & Care;
- 25) Contract No. 2024 with Focus 2 Focus, Inc;
- 26) Contract No. 2025 with Focus of Cleveland, Inc;
- 27) Contract No. 2026 with Jaystarr Homes 2, Inc;
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas;
- 29) Contract No. 2032 with House of New Hope;
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living;

- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center;
- 32) Contract No. 2036 with Life's Right Direction, Inc;
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services;
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T.;
- 35) Contract No. 2040 with National Youth Advocate Program, Inc;
- 36) Contract No. 2059 with Necco, LLC;
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC;
- 38) Contract No. 2064 with New Directions, Inc;
- 39) Contract No. 2065 with Northeast Ohio Adoption Services;
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc;
- 41) Contract No. 2067 with Ohio Mentor, Inc;
- 42) Contract No. 2068 with OhioGuidestone;
- 43) Contract No. 2069 with Pathway Caring for Children;
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC;
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau;
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc;
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents;
- 48) Contract No. 2075 with Cadence Care Network;
- 49) Contract No. 2076 with Caring for Kids, Inc;
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC;
- 51) Contract No. 2078 with Catholic Charities Corporation ;
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc;
- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc.;
- 54) Contract No. 2299 with Woods Services, Inc;
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc;
- 56) Contract No. 2349 with Keystone Newport News LLC;
- 57) Contract No. 2351 with Life Start, Inc;
- 58) Contract No. 2768 with One Child Every Chance Foundation ;
- 59) Contract No. 2771 with SP Behavioral LLC dba Sandy Pines;
- 60) Contract No. 2772 with Tennessee Clinical Schools, LLC dba Hermitage Hall;
- 61) Contract No. 2773 with The Buckeye Ranch, Inc;
- 62) Contract No. 2774 with Youth Opportunities Investments-Rockdale Youth Academy;
- 63) Contract No. 3183 with Conway Behavioral Health;
- 64) Contract No. 3186 with HHC Popular Springs, LLC;
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy;
- 66) Contract No. 3427 with Rehabilitation Centers dba Millcreek of the Pontotoc;
- 67) Contract No. 3531 with Benchmark Behavioral Health System;
- 68) Contract No. 3593 with Pathways to Purpose;
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center;
- 70) Contract No. 3679 with Cumberland Hospital LLC;

- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF;
- 72) Contract No. 3703 with Glenwood Behavioral Health;
- 73) Contract No. 3702 with Cedar Crest Hospital;
- 74) Contract No. 3713 with A Loving Heath Youth Services;

WHEREAS, the purpose of this project is to provide quality therapeutic foster care, specialized foster care, group home care, independent living care, and residential care for children in the custody of DCFS so that they may experience stability, safety, and a sense of well-being while receiving out-of-home care; and

WHEREAS, this project is funded 30% Federal Funds (Title IV-E Funds) and 70% from Health and Human Service Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for Medicaid Home and Community-based Services for out-of-home placement and foster care services for the period 1/1/2022 – 12/31/2023 to extend the time period to 12/31/2024, to expand the scope of services, terminate contracts with various providers and add new providers, effective 1/1/2024, and for additional funds in an anticipated amount of \$61,500,000.00 as follows:

e) **To expand the scope of services, effective 1/1/2024:**

- 7) Contract No. 015 with Habilitation Centers, LLC dba Little Creek Behavioral Institute, Inc

f) **To terminate contracts with various providers, effective 1/1/2024:**

- 1) Contract No, 2010 with Detroit Behavioral Institute, Inc.
- 8) Contract No. 2341 with George Junior Republic in Pennsylvania
- 9) Contract No. 2346 with Hittle House
- 10) Contract No. 2355 with Quality of Life Health Care Services, LLC
- 11) Contract No. 2001 with Rite of Passage, Inc.
- 12) Contract No. 2006 with The Twelve of Ohio, Inc.

g) **To add new providers, effective 1/1/2024:**

- 5) Contract No. 3903 with Advantage Family Outreach & Foster Care;
- 6) Contract No. 3914 with Dimensional Phases Group Home;
- 7) Contract No. 3904 with Mimique Homes, Inc.;
- 8) Contract No. 3905 with The Bair Virginia;

h) **Additional funds:**

- 1) Contract No. 1991 Adelphoi Village, Inc;
- 2) Contract No. 1994 with Lutheran Homes Society Family & Youth Services dba Genacross Family & Youth Services;
- 3) Contract No. 1996 with Open Arms Adoption, Inc;
- 4) Contract No. 1998 with Pressley Ridge;
- 5) Contract No. 1999 with Quality Care Residential Homes, Inc;
- 6) Contract No. 2000 with Raven House;
- 7) Contract No. 2002 with Rolling Hills Hospital, Inc;
- 8) Contract No. 2003 with RTC Acquisition Corporation;
- 9) Contract No. 2004 with Specialized Alternatives for Families and Youth of Ohio, Inc;
- 10) Contract No. 2005 with The Bair Foundation
- 11) Contract No. 2007 with Cleveland Christian Home;
- 12) Contract No. 2008 with Cornell Abraxas Group, LLC;
- 13) Contract No. 2009 with Destiny Family Services;
- 14) Contract No. 2011 with Eastway Corporation;
- 15) Contract No. 2012 with ENA, Inc. dba Necco Center;
- 16) Contract No. 2013 with Freedom Youth Program;
- 17) Contract No. 2014 with Gracehaven, Inc;
- 18) Contract No. 2016 with Applewood Centers, Inc.;
- 19) Contract No. 2018 with Beech Brook;
- 20) Contract No. 2019 with The Village Network;
- 21) Contract No. 2020 with Young Star Academy, LLC dba Mohican Young Star Academy;
- 22) Contract No. 2021 with Youth Intensive Services, Inc;
- 23) Contract No. 2022 with Youth Opportunity Investments, LLC;
- 24) Contract No. 2023 with Artis's Tender Love & Care;
- 25) Contract No. 2024 with Focus 2 Focus, Inc;
- 26) Contract No. 2025 with Focus of Cleveland, Inc;
- 27) Contract No. 2026 with Jaystarr Homes 2, Inc;
- 28) Contract No. 2030 with Habilitation Centers, LLC dba Millcreek of Arkansas;
- 29) Contract No. 2032 with House of New Hope;
- 30) Contract No. 2034 with Keystone Richland Center LLC dba Foundations for Living;
- 31) Contract No. 2035 with Laurel Oaks Behavioral Health Center;
- 32) Contract No. 2036 with Life's Right Direction, Inc;
- 33) Contract No. 2037 with Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services;
- 34) Contract No. 2039 with Lutheran Metropolitan Ministry dba S.T.A.R.T.;
- 35) Contract No. 2040 with National Youth Advocate Program, Inc;
- 36) Contract No. 2059 with Necco, LLC;
- 37) Contract No. 2063 with New Beginnings Residential Treatment Center, LLC;
- 38) Contract No. 2064 with New Directions, Inc;
- 39) Contract No. 2065 with Northeast Ohio Adoption Services;
- 40) Contract No. 2066 with Oesterlen Services for Youth, Inc;

- 41) Contract No. 2067 with Ohio Mentor, Inc;
- 42) Contract No. 2068 with OhioGuidestone;
- 43) Contract No. 2069 with Pathway Caring for Children;
- 44) Contract No. 2070 with Piney Ridge Treatment Center, LLC;
- 45) Contract No. 2071 with Bellefaire Jewish Children's Bureau;
- 46) Contract No. 2072 with BHC Belmont Pines Hospital, Inc;
- 47) Contract No. 2073 with BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents;
- 48) Contract No. 2075 with Cadence Care Network;
- 49) Contract No. 2076 with Caring for Kids, Inc;
- 50) Contract No. 2077 with Carrington Behavioral Health, LLC;
- 51) Contract No. 2078 with Catholic Charities Corporation ;
- 52) Contract No. 2079 with Christian Children's Home of Ohio, Inc;
- 53) Contract No. 2085 with Boys to Men Transitional Home, Inc.;
- 54) Contract No. 2299 with Woods Services, Inc;
- 55) Contract No. 2342 with Healing Pathways Transitional Homes, Inc;
- 56) Contract No. 2349 with Keystone Newport News LLC;
- 57) Contract No. 2351 with Life Start, Inc;
- 58) Contract No. 2768 with One Child Every Chance Foundation ;
- 59) Contract No. 2771 with SP Behavioral LLC dba Sandy Pines;
- 60) Contract No. 2772 with Tennessee Clinical Schools, LLC dba Hermitage Hall;
- 61) Contract No. 2773 with The Buckeye Ranch, Inc;
- 62) Contract No. 2774 with Youth Opportunities Investments-Rockdale Youth Academy;
- 63) Contract No. 3183 with Conway Behavioral Health;
- 64) Contract No. 3186 with HHC Popular Springs, LLC;
- 65) Contract No. 3394 with Keystone Continuum LLC dba Natchez Trace Youth Academy;
- 66) Contract No. 3427 with Rehabilitation Centers dba Millcreek of the Pontotoc;
- 67) Contract No. 3531 with Benchmark Behavioral Health System;
- 68) Contract No. 3593 with Pathways to Purpose;
- 69) Contract No. 3659 with Harbor Point Behavioral Health Center;
- 70) Contract No. 3679 with Cumberland Hospital LLC;
- 71) Contract No. 3683 with Rehabilitation Centers, LLC dba Millcreek Magee ICF;
- 72) Contract No. 3703 with Glenwood Behavioral Health;
- 73) Contract No. 3702 with Cedar Crest Hospital;
- 74) Contract No. 3713 with A Loving Heath Youth Services;

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | 2023 – DCFS – OOHC Master Agreement - Amendment 6 – Change End Date from 12/31/23 to 12/31/24 and Add 2024 Funding \$61,500,000.00 and Add Providers and Services |
| Department or Agency Name | Health and Human Services Division of Children and Family Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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. |
|-------------------------------|--------------------------------|-------------|-------------------|------------------|---|------------------|
| O | Various | Various | 1/1/22 – 12/31/23 | \$123,000,000.00 | 02/08/22 | R2022-0026 |
| A - 1 | Various | Various | 1/1/22 – 12/31/23 | \$0.00 | 07/25/22 | BC2022-460 |
| A - 2 | Various | Various | 1/1/22 – 12/31/23 | \$0.00 | 01/09/23 | BC2023-25 |
| A - 3 | Various | Various | 1/1/22 – 12/31/23 | \$0.00 | 05/08/23 | BC-2023-296 |
| A - 4 | Various | Various | 1/1/22 – 12/31/23 | \$0.00 | 07/31/23 | BC2023-486 |
| A - 5 | Various | Various | 1/1/22 – 12/31/23 | \$0.00 | Pending Approval | Pending Approval |
| A - 6 | Various | Various | 1/1/22 – 12/31/24 | \$61,500,000.00 | Pending Approval | Pending Approval |

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

The Health and Human Services Division of Children and Family Services plans to Amend #6 - Change End Date from 12/31/23 to 12/31/24 and Add 2024 Funding \$61,500,000.00 and Add Providers - Advantage Family Outreach & Foster Care, Dimensional Phases Group Home, Mimique Homes Inc, The Bair Foundation of Virginia and Add Service to HCLC – CM 2015, for the time period January 1, 2022 - December 31, 2024, in the amount of \$61,500,000.00.

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):

- Adding more services to meet the need of the children
- Adding another provider to add more locations and services
- Adding more providers to suit the need of the children

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): |
| Adelphoi Village, Inc. | Nancy Kukovich |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1119 Village Way Latrobe, PA 15650 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Applewood Centers, Inc. | Adam G. Jacobs, PhD. |
| Vendor Council District: | Project Council District: |
| 3 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 10427 Detroit Avenue Cleveland, OH 44102 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Beech Brook | Thomas Royer |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3737 Lander Road Pepper Pike, OH 44124 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Bellefaire Jewish Childrens Bureau | Adam G. Jacobs, PhD. |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 22001 Fairmount Blvd. Shaker Hts., OH 44118 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| BHC Belmont Pines Hospital, Inc. | Linda Finnigan |

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| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 615 Churchill Hubbard Rd. Youngstown, OH 44505 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| BHC Fox Run Hospital, Inc. Fox Run: The Center for Children and Adolescents | Randall Mackendrick |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 67670 Traco Dr. St. Clairsville, OH 43950 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Boys to Men Transitional Home Inc | Jemone McIntosh |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 117 Ashwood Avenue Dayton, Ohio 45405 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cadence Care Network (fka Homes for Kids of Ohio, Inc.) | Keith Johnson |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 165 East Park Avenue. PO Box 683 Niles, OH 44446 |

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| 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): |
| Adelphoi Village, Inc. | Nancy Kukovich |
| Vendor Council District: | Project Council District: |
| N/A | N/A |

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|---|--|
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1119 Village Way Latrobe, PA 15650 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Caring for Kids, Inc. | Patricia S. Ameling |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 650 Graham Road, Suite 101 Cuyahoga Falls, OH 44221 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Carrington Behavioral Health, LLC | Tami W. Holcomb |
| Vendor Council District: | Project Council District: |
| 10 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2114 Noble Road Cleveland, Ohio 44112 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Catholic Charities Corporation | Jennifer Smith |
| Vendor Council District: | Project Council District: |
| 3 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 7911 Detroit Avenue Cleveland, Ohio 44102 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Christian Children's Home of Ohio, Inc. | Kevin Hewitt |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2685 Armstrong Road Wooster, Ohio 44691 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cleveland Christian Home | Charles Tuttle |
| Vendor Council District: | Project Council District: |
| 7 | N/A |

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| If applicable provide the full address or list the municipality(ies) impacted by the project. | 4614 Prospect Avenue E Suite 240 Cleveland, Ohio 44113 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cornell Abraxas Group, LLC | Shayna Raver |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2840 Liberty Avenue, Suite 300 Pittsburgh, Pennsylvania 15222 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Destiny Family Services | Crystal R. Hill |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 20600 Chagrin Boulevard Suite 600 Shaker Heights, Ohio 44122 |

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| 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): |
| Eastway Corporation | Kelli Rhea Ott, LISW-S |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 600 Wayne Avenue Dayton, OH 45410 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| ENA, Inc. dba Necco Center | Bianca Sexton |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 115 Private Road 977 Pedro, Ohio 45659 |
| Vendor Name and address: | Owner, executive director, other (specify): |

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| Freedom Youth Program | Zarell Patton (CEO) |
| Vendor Council District: | Project Council District: |
| 10 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1421 East 174th Street Cleveland, Ohio 44110 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Gracehaven, Inc. | Melissa Harvin |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 5000 Arlington Center Boulevard, Box B9 Columbus, Ohio 43220 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Habilitation Centers, LLC dba Little Creek Behavioral Health | Ericka Burrini, Director of Marketing and Contracts |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 161 Skunk Hollow Road Conway, Arkansas 72032 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Habilitation Centers, LLC dba Millcreek of Arkansas | Ericka Burrini, Director of Marketing and Contracts |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1828 Industrial Drive Fordyce, Arkansas 71742 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| House of New Hope | Sharon Simmons |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 8135 Mt. Vernon Rd. St. Louisville, OH 43071 |
| Vendor Name and address: | Owner, executive director, other (specify): |

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| Keystone Richland Center LLC dba Foundations For Living | Thomas Brohm |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1451 Lucas Road Mansfield, OH 44903 |

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| 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): |
| Laurel Oaks Behavioral Health Center | Jeanette Jackson - CEO |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 700 E. Cottonwood Rd. Dothan, AL 36301 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Life's Right Direction, Inc. | Apryl Bailey-Gordon |
| Vendor Council District: | Project Council District: |
| 10 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3493 Rayment Boulevard University Heights, Ohio 44118 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Lighthouse Youth Services, Inc. dba Lighthouse Youth & Family Services | Paul Haffner |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 401 E. McMillian Street Cincinnati, OH 45206 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Lutheran Homes Society (LHS) Family & Youth Services dba Genacross Family & Youth Services | Katie Zawisza |
| Vendor Council District: | Project Council District: |
| N/A | N/A |

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| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1905 Perrysburgh Holland Road Holland, OH 43528 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Lutheran Metro Ministry dba S.T.A.R.T. Support To At-Risk Teens | Maria A. Foschia |
| Vendor Council District: | Project Council District: |
| 7 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 4515 Superior Avenue Cleveland, OH 44101 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| National Youth Advocate Program, Inc. | Marvena Twigg |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1801 Watermark Drive Suite 200 Columbus, Ohio 43215 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Necco, LLC | Ernest Lockett |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1404 Race Street Suite 302 Cincinnati, Ohio 45202 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| New Beginnings Residential Treatment, LLC | Josette Landis |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 100 Broadway Youngstown, Ohio 44505 |

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

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| New Directions, Inc. | Michael E. Matoney |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 30800 Chagrin Boulevard Cleveland, Ohio 44124 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Northeast Ohio Adoption Services | Cheryl Tarantino |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 5000 E. Market Street Warren, Ohio 44484 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Oesterlen Services for Youth, Inc. | Donald L. Warner |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1918 Mechanicsburg Road Springfield, Ohio 45503 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Ohio Mentor, Inc. | A.M. Chip Bonsutto |
| Vendor Council District: | Project Council District: |
| 6 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 6200 Rockside Woods Boulevard Suite 305 Independence, Ohio 44131 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| OhioGuidestone | Christi Powers |
| Vendor Council District: | Project Council District: |
| 5 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 434 Eastland Road Berea, Ohio 44017 |
| Vendor Name and address: | Owner, executive director, other (specify): |

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| Pathway Caring for Children | Wendy Tracy |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 4895 Dressler Rd. NW, Suite A Canton, OH. 44718 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Piney Ridge Treatment Center, LLC | Ericka Burrini, Director of Marketing and Contracts |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 4253 N. Crossover Road Fayetteville, AR 72703-4593 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Pressley Ridge | Lisa Allomong |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 23701 Miles Road Cleveland, OH 44128 |

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| 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): |
| Quality Care Residential Homes, Inc. | Renee Witcher-Johnson |
| Vendor Council District: | Project Council District: |
| 8 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | P.O. Box 605641 Cleveland, Ohio 44105 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Raven House | Roshawn Sample, CEO |
| Vendor Council District: | Project Council District: |
| 8 | N/A |

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| If applicable provide the full address or list the municipality(ies) impacted by the project. | 9349 Gaylord Ave. Cleveland, Ohio 44105-5208 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Rolling Hills Hospital, LLC. | Ericka Burrini, Director of Marketing and Contracts |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1000 Rolling Hills Lane Ada, OK 74820 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| RTC Resource Acquisition Corporation | Amy Sturm |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1404 S. State Street Indianapolis, IN 46203 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Specialized Alternatives for Families & Youth of OH, Inc. | Tonya Brooks-Thomas |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 10100 Elida Road Delphos, OH 45833 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Bair Foundation | Sue Rickard |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 275 Martinel Drive Kent, Ohio 44240 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Village Network | Richard Graziano |
| Vendor Council District: | Project Council District: |
| N/A | N/A |

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| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2000 Noble Drive Wooster, Ohio 44691 |

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)

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|---|--|
| Vendor Name and address: | Owner, executive director, other (specify): |
| Young Star Academy LLC dba Mohican Young Star Academy | Ginger Jones |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1012 ODNR, Mohican 51 Perrysville, OH 44864 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Youth Intensive Services, Inc | Megan Bennett, Residential Administrator |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 238 S. Meridian Rd. Youngstown, OH 44509 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Youth Opportunity Investments, LLC | PJ Moraci |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 12775 Horseferry Road Suite 230 Carmel, Indiana 46032 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Artis's Tender Love & Care, Inc | Adrienne L. Gillam - Davis |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2003 Mc Guffy Road Youngstown, OH 44505 |
| Vendor Name and address: | Owner, executive director, other (specify): |

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|---|--|
| Focus 2 Focus, Inc | Russell White |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 436 Lovisa St. Akron, Ohio 44311 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| In Focus of Cleveland, Inc | Russell White |
| Vendor Council District: | Project Council District: |
| 10 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 19008 Nottingham Road Cleveland, Ohio 44110 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Jaystarr Homes 2 Inc | Starlicia Miller |
| Vendor Council District: | Project Council District: |
| 8 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 13503 Saybrook Ave Garfield Heights, OH 44125 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Open Arms Adoptions Inc | Jackie Smigel |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 9205 State Route 43 Suite 208 Streetsboro, OH 44241 |

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| 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): |
| Healing Pathways Transitional Homes Inc. | LiDairious Hafford |
| Vendor Council District: | Project Council District: |
| N/A | N/A |

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| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1667 State Ave. Cincinnati, OH 45204 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Bellefaire Jewish Childrens Bureau | Adam G. Jacobs, PhD. |
| Vendor Council District: | Project Council District: |
| 9 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 22001 Fairmount Blvd. Shaker Hts., OH 44118 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Keystone Newport News, LLC | Holly Gonzales |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 17579 Warwick Blvd Newport News, VA 23603 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Life Start, Inc. | Janet K. Miller |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1329 Cherry Way Drive, Suite 600 Gahanna, Ohio 43230 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Woods Services, Inc | Jeanette Jackson |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 40 Martin Gross Dr. Langhorne, PA 19047 |

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| 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): |
| One Child Every Chance Foundation, LLC | Kudzai Matemachani |

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| Vendor Council District: | Project Council District: |
| 8 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 5909 Cable Ave. Cleveland, OH 44127 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Applewood Centers, Inc. | Adam G. Jacobs, PhD. |
| Vendor Council District: | Project Council District: |
| 3 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 10427 Detroit Avenue Cleveland, OH 44102 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| SP Behavioral LLC dba Sandy Pines | Maggie Rhodes-Parsons |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 11301 SE Tequesta Terrace Jupiter, FL 33469, USA |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Tennessee Clinical Schools LLC dba Hermitage Hall | Maggie Rhodes-Parsons |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1220 8th Ave S Nashville, TN 37203 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Buckeye Ranch, Inc | Ricky A. McElroy |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1625 E. Mound Street Columbus, Ohio 43205 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Youth Opportunity Investments, LLC - Rockdale Youth Academy | PJ Moraci |

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|---|--|
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 701 94th Avenue N. Suite 100 St. Petersburg, FL 33702 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Conway Behavioral Health, LLC | Katie Marlar |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3559 Stanford Place Dayton, Ohio 45406 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| HHC Poplar Springs, LLC dba Poplar Springs Hospital | LeMar Taliaferro |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 350 Poplar Drive Petersburg, Virginia 23805-9367 |

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| 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): |
| Benchmark Behavioral Health Systems, Inc | JeAnna Jenkins-Ellis |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 592 West 1305 South Woods Cross, UT 84010 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Keystone Continuum LLC dba Natchez Trace Youth Academy | Thomas J. Hennessy |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 415 Seven Hawks Lane Waverly, TN 37185 |

| | |
|---|--|
| Vendor Name and address: | Owner, executive director, other (specify): |
| Rehabilitation Centers LLC dba Millcreek of Pontotoc | Debra Morrison |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1814 Hwy 15 North Pontotoc, Ms. 38863 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| A Loving Heart Youth Services | William Peterson |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3559 Stanford Place Dayton, Ohio 45406 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cedar Crest Hospital & Residential Treatment Center | Katie Marlar |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3500 Interstate 35 Frontage Rd Belton, TX 76513 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Cumberland Hospital, LLC | Lori Fagan |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 9407 Cumberland Road New Kent, VA 23124 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Mt. Airy Development, LLC dba Glenwood Behavioral Health Hospital | Jemone McIntosh |
| Vendor Council District: | Project Council District: |
| N/A | N/A |

| | |
|---|--|
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 117 Ashwood Avenue Dayton, Ohio 45405 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Harbor Point Behavioral Health Center | Maggie Rhodes-Parsons |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 301 Fort Lane Portsmouth, VA 23704 |

| | |
|--|---|
| 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): |
| Pathways To Purpose | Tenesha Teasley |
| Vendor Council District: | Project Council District: |
| 8 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 4904 Orchard Rd Garfield Heights, OH 44128 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Rehabilitation Centers, LLC dba Millcreek Magee ICF. | Katie Marlar |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 10427 Detroit Avenue Cleveland, OH 4410900 1st Avenue NE Magee, MS 39112 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Advantage Family Outreach & Foster Care | Karen McGugin |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 3269 Letterkenny Lane Powell OH, 43065 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Dimensional Phases Group Home | LaDona Herd |

| | |
|---|--|
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 45 Oxford Avenue Dayton, OH 45402 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Mimique Homes Inc | Jacquella Lattimore |
| Vendor Council District: | Project Council District: |
| 10 | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 19606 Pawnee Cleveland, OH 44119 |
| Vendor Name and address: | Owner, executive director, other (specify): |
| The Bair Foundation of Virginia | Heather Schrader, MA |
| Vendor Council District: | Project Council District: |
| N/A | N/A |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 2727 Enterprise Pkwy Ste 102 Richmond, VA 23294 |

| 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 type="checkbox"/> Alternative Procurement Process |

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| | |
|--|--|
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) RFP - 6211 & 7102 |
| | <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 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): (<i>No acronyms – General Fund, HHS Levy, Capital, etc.</i>). Include % if more than one source |
| 70% HHS- HHS Levy 30% Federal IV-E |
| Is this approved in the biennial 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 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 |
| This amendment is being submitted late due to it was originally the services were omitted from their response to the RFP and the providers being added were mission critical with each provider with different placement dates. These providers are being added to the master contract and the process can be time consuming. It was assigned 10/06/2023. Changes were made in the composition of the amendment, the last being made recently - XX/XX/2023 - with all final providers included and then processed. | |
| Timeline: Project/Procurement Start Date (date your team started working on this item): | 10/06/2023 |
| 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 checked="" 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): |
|------------------------------------|

Department of Purchasing – Required Documents Checklist

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| | |
|-----------------------------|-----------------|
| RQ#: | REQ 6211 & 7102 |
| Description of Solicitation | |

| | | |
|---------------|---------------------|--------------------------|
| | Department initials | Clerk of the Board |
| | DL | |
| Briefing Memo | DL | <input type="checkbox"/> |

| | | |
|---|------------------------------|-----------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| FULL AND OPEN COMPETITION Master Agreement Amendment | | |
|---|----------------------------|-------------------|
| Amend #6 - Change End Date from 12/31/23 to 12/31/24 and Add 2024 Funding \$61,500,000.00 and Add Providers - Advantage Family Outreach & Foster Care, Dimensional Phases Group Home, Mimique Homes Inc, The Bair Foundation of Virginia and Add Service to HCLC | Department initials | Purchasing |
| Justification | DL | Not reviewed |
| Cover - <i>Master contracts only</i> | DL | Not reviewed |
| Contract Evaluation | DL | Not reviewed |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required: | N/A | Not reviewed |
| Agreement/Contract and Exhibits | DL | Not reviewed |
| Checklist Verification | DL | Not reviewed |
| Auditors Findings | DL | Not reviewed |
| Debarment | DL | Not reviewed |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

CONTRACT HISTORY (to be completed by department)

| | |
|--|-----------------|
| CE/AG# (if applicable) | |
| Infor/Lawson PO# and PO Code (if applicable) | |
| Lawson RQ# (if applicable) | REQ 6211 & 7102 |
| CM Contract# | VARIOUS |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|-----------------|------------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$123,000,000.00 | | 01/01/2022 – 12/31/2023 | 02/08/22 | R2022-0026 |

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Revised 10/20/2023

Department of Purchasing – Required Documents Checklist

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| | | | | | |
|--|---|---------------|--------------------------------|-----------------|-------------------|
| Prior Amendment Amounts (list separately) | Amend #1 - Add Services - Eastway - Applewood, Beechbrook, Bellefaire JCB, CCHO, NYAP, The Bair, The Village Network, and Add Providers - George Junior Republic, Healing Pathways, Hittle House, Keystone Newport News, Life Start, Quality of Life, Woods Services | \$0.00 | 01/01/2022 – 12/31/2023 | 07/25/22 | BC2022-460 |
| | Amend #2 - Add Providers - One Child Every Chance Foundation, LLC, SP Behavioral LLC dba Sandy Pines, Tennessee Clinical Schools LLC dba Hermitage Hall, The Buckeye Ranch, Inc, Youth Opportunity Investments - Rockdale Youth Academy | \$0.00 | 01/01/2022 – 12/31/2023 | 01/09/23 | BC2023-25 |
| | Amend #3 - Add providers - Conway Behavioral Health, HHC Poplar Springs, LLC - and Add 3IL Service to Infocus CM 2025 and Add TFC Pilot to OM, NYAP, SAFY and VN | \$0.00 | 01/01/2022 – 12/31/2023 | 05/08/23 | BC2023-296 |

Department of Purchasing – Required Documents Checklist

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| | | | | | |
|--------------------------|--|------------------------|--------------------------------|-----------------|-------------------|
| | Amend #4 - Add Providers - Benchmark Behavioral Health Systems Inc, Just Like Us Enrichment Agency Inc, Keystone Continuum LLC dba Natchez Trace Youth Academy, Rehabilitation Centers LLC dba Millcreek of Pontotoc - and Add Services - The Buckeye Ranch, Inc - CM 2773 | \$0.00 | 01/01/2022 – 12/31/2023 | 07/31/23 | BC2023-486 |
| Pending Amendment | Amend #5 - Add Providers - A Loving Heart Youth Services, Cedar Crest Hospital, Cumberland Hospital LLC, Glenwood Behavioral Health, Harbor Point Behavioral Health Center, Pathways to Purpose, Rehabilitation Centers, LLC dba Millcreek Magee ICF and Add Services - The Village Network - CM 2019 | \$0.00 | 01/01/2022 – 12/31/2023 | Pending | Pending |
| Pending Amendment | Amend #6 - Change End Date from 12/31/23 to 12/31/24 and Add 2024 Funding \$61,500,000.00 and Add | \$61,500,000.00 | 01/01/2022 – 12/31/2024 | Pending | Pending |

Department of Purchasing – Required Documents Checklist

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| | | | | | |
|---------------------------------|---|-------------------------|--|--|--|
| | Providers - Advantage Family Outreach & Foster Care, Dimensional Phases Group Home, Mimique Homes Inc, The Bair Foundation of Virginia and Add Service to HCLC | | | | |
| Total Amendments | | \$61,500,000.00 | | | |
| Total Contact Amount | | \$184,000,000.00 | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0333

| | |
|--|--|
| Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services | A Resolution authorizing an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; authorizing the County Executive to execute amendment and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective. |
|--|--|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49; and

WHEREAS, the primary goal of this project is to offer timely, high quality comprehensive medical services for children and youth in custody and drug testing for caregivers; and

WHEREAS, this project is 100% funded by the State Child Protective Allocation; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Agreement No. 2833 with The MetroHealth System for comprehensive medical services for families involved with the Division of Children and Family Services for the period 1/1/2023 – 12/31/2023 to extend the

time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,889,151.49.

SECTION 2. That the County Executive is authorized to execute amendment and all other documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Comprehensive Medical Amendment 2 |
| Department or Agency Name | Division of Children Family Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| 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 | 2833 | The MetroHealth System | 1/1/2023- 12/31/2023 | \$1,551,000.00 | 2/28/2023 | R2023-0049 |
| A-1 | 2833 | The MetroHealth System | 12/31/2023 | \$1,038,459.52 | 7/18/2023 | R2023-0201 |
| A-2 | 2822 | The MetroHealth System | 1/1/2024- 12/31/2024 | \$1,889,151.49 | Pending | Pending |
| | | | | | | |

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

In order to pursue the safety, health, and well-being of children in custody, DCFS offers comprehensive medical services including 1) screening and assessment of health care needs of children and youth, 2) coordinated psychotropic medication consultation and counseling, and 3) alcohol and drug testing for caregivers, youth, or other adults in the home.

Safety concerns are brought to the attention of DCFS 24/7. With approximately 2,000 children and youth in care, DCFS determined there is a need for full access to trauma-informed medical services that could appropriately address the significant challenges that children and youth are faced with when being removed from their home or placement.

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 safety risks for children and youth
- To establish care coordination through consultation and counseling for children and youth prescribed psychotropic medications
- To provide linkages for youth aging-out of the foster care system
- To comply with referral standards for preventive and follow-up visits for physical and behavioral health care set by American Academy of Pediatrics (AAP) and Ohio Administrative Code (OAC) 5101:2-42-66.1.

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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 MetroHealth System 2500 MetroHealth Drive Cleveland, Ohio 44109 | Owner, executive director, other (specify): Dr. Airica Steed |
| Vendor Council District: 7 | Project 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 # 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. Amending contract adding additional funds and extending time period *See Justification for additional information. |
| The total value of the solicitation: \$1,551,000.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 21 / 1 | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? Only 1 bid was received | <input checked="" type="checkbox"/> Contract Amendment (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe: |

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

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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.

100% Health and Human Services Levy

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):

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction

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):

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Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 9776 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO# Code (if applicable): | RFP |
| CM Contract# | 2833 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | SB | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|-----------|----------------------------|-------------------|
| AMND #3 The MetroHealth System | | | Department initials | Purchasing |
| Justification Form | | | SB | BRM |
| IG# | | | N/A | N/A |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/19/2023 | SB | BRM |
| Auditor’s Finding | Date: | 9/19/2023 | SB | BRM |
| Independent Contractor (I.C.) Requirement | Date: | | N/A | N/A |
| Cover - <i>Master amendments only</i> | | | N/A | N/A |
| Contract Evaluation | | | SB | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | SB | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | SB |
| Matrix Law Screen shot | SB |
| COI | SB |
| Workers’ Compensation Insurance | SB |
| Original Executed Contract (containing insurance terms) & all executed amendments | SB |

Department of Purchasing – Required Documents Checklist

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Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|---------------------|-----------------|----------------|--------------|-----------------------|
| 1/1/2024-12/31/2024 | HS215100 | 55130 | UCH05001 | \$1,889,151.49 |
| | | | | |
| | | | | |
| | | | TOTAL | \$1,889,151.49 |

| | |
|--|------|
| Contract History CE/AG# (if applicable) | N/A |
| Infor/Lawson PO# Code (if applicable) | RFP |
| Lawson RQ# (if applicable) | 9776 |
| CM Contract# | 2833 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$1,551,000.00 | | 1/1/2023-12/31/2023 | 2/28/2023 | R2023-0049 |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| 1st AMND | | \$1,038,459.52 | 12/31/2023 | 7/18/2023 | R2023-0201 |
| | | \$ | | | |
| Pending Amendment | | \$1,889,151.49 | 1/1/2024-12/31/2024 | Pending | Pending |
| Total Amendments | | \$2,927,611.01 | | | |
| Total Contact Amount | | \$4,478,611.01 | | | |

Purchasing Use Only:

| | |
|--|------------------------|
| Prior Resolutions: | R2023-0049, R2023-0201 |
| Amend: | 2833 |
| Vendor Name: | The MetroHealth System |
| ftp: | 1/1/2023-12/31/2024 |
| Amount: | \$1,889,151.49 |
| History/CE: | Ok |
| EL: | ok |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | BRM 10/16/2023 |

CONTRACT EVALUATION FORM

| | |
|---|---|
| Contractor | The MetroHealth System |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2833 |
| RQ# | 9776 |
| Time Period of Original Contract | 1/1/2023-12/31/2023 |
| Background Statement | <p>In order to pursue the safety, health, and well-being of children in custody, DCFS offers comprehensive medical services including 1) screening and assessment of physical and behavioral health care needs of children and youth, and 2) alcohol and drug testing for caregivers, youth or other adults in the home.</p> <p>With approximately 2,300 children and youth in care, there is a need for full access to trauma-informed medical services that could appropriately address the significant challenges that children and youth are faced with when being removed from their home or placement. This cohesive and coordinated approach ensures each child's medical needs are being met on a consistent basis, and that trained professionals are dedicated entirely to the care of these.</p> |
| Service Description | To offer timely, high quality comprehensive medical services for children and youth in custody and drug testing for caregivers. The services are to be delivered as a coordinated approach to ensure medical needs are being met by trained medical professionals dedicated to the care and safety of children and youth in custody. |
| Performance Indicators | Comprehensive reports from MetroHealth include but are not limited to: Number of follow up appointments scheduled or attended per month, Number of preventative visits scheduled or attended per month, Number of comprehensive physicals, Number of children/youth being tracked through care coordination, Number of children receiving developmental/behavioral health screenings, Number of subspecialty referrals, etc. |

Actual Performance versus performance indicators (include statistics):

| The MetroHealth System | | | | |
|--|---------|---------|---------|---------|
| Foster Care Children Receiving Medical Care within MHS | | | | |
| | Q1-2023 | Q2-2023 | Q3-2023 | Q4-2023 |
| Total Num of FC Encounters created within MHMC(any) | 12710 | 13145 | | |
| Total Num of FC Unique Patients serviced within | 1491 | 1452 | | |
| Office Visits (type 101-completed) within MHMC: | | | | |
| #Unique Pts | 864 | 797 | | |
| #Encounters | 1555 | 1433 | | |
| CCTracking MHMC (70-phone,41-FCP tracking,Visit type- | | | | |
| #Unique Pts | 347 | 313 | | |
| #Encounters | 624 | 568 | | |
| Triage(DCF5251-completed): | | | | |
| #Unique Pts | 380 | 348 | | |
| #Encounters | 452 | 595 | | |
| Dental(specialty): | | | | |
| #Unique Pts | 60 | 71 | | |
| #Encounters | 70 | 84 | | |
| Exp/Urgent('Urgent Care', 'Express Care', 'Pediatric | | | | |
| #Unique Pts | 129 | 100 | | |
| #Encounters | 156 | 133 | | |
| 30 DayEvaluation(DCF530-completed): | | | | |
| #Unique Pts | 170 | 163 | | |
| #Encounters | 171 | 168 | | |
| Psychiatry(EncClass 255-completed): | | | | |
| #Unique Pts | 125 | 97 | | |
| #Encounters | 129 | 102 | | |
| LEAD Test: | | | | |
| # tested | 62 | 76 | | |
| #positive | 9 | 9 | | |



The MetroHealth System
Foster Care " Behavioral and
Developmental Screening"- Quaterly

| | | 2023 | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|
| | | Total | Total | April | May | June |
| Total | | 94 | 94 | 33 | 46 | 15 |
| BEHAVIORAL SCREENING RESULTS | Total | 40 | 40 | 13 | 20 | 7 |
| | Deferred due to age | 16 | 16 | 4 | 9 | 3 |
| | Receiving appropriate services, screening not needed | 5 | 5 | 2 | 3 | |
| | Screen complete: results significant and referral placed | 14 | 14 | 5 | 5 | 4 |
| | Screening complete: results not significant | 5 | 5 | 2 | 3 | |
| DEVELOPMENTAL SCREENING RESULTS | Total | 40 | 40 | 13 | 20 | 7 |
| | Deferred due to age | 19 | 19 | 5 | 10 | 4 |
| | Screening completed: results not significant | 5 | 5 | 1 | 2 | 2 |
| | Screening completed: results significant | 12 | 12 | 4 | 7 | 1 |
| | Unable to complete screen | 4 | 4 | 3 | 1 | |
| REFERRALS FOR SIGNIFICANT DEVELOPMENTAL SCREENING: | Total | 14 | 14 | 7 | 6 | 1 |
| | Help Me Grow | 4 | 4 | 2 | 2 | |
| | Help Me Grow;Other | 1 | 1 | 1 | | |
| | Help Me Grow;Speech;Other | 1 | 1 | | 1 | |
| | MAT Clinic;Preschool Assessment Clinic | 1 | 1 | | 1 | |
| | Other | 1 | 1 | 1 | | |
| | Preschool Assessment Clinic | 4 | 4 | 3 | 1 | |
| | Preschool Assessment Clinic;Speech | 1 | 1 | | | 1 |
| | Speech;Behavioral Medicine;Preschool Assessment Clinic | 1 | 1 | | 1 | |

Rating of Overall Performance of Contractor

Superior Above Average Average Below Average Poor

Select One (X)

X

Justification of Rating

MetroHealth remains a strong partner in addressing the needs of our children in out of home care settings. They have adapted to the changing organizational needs of DCFS and are meeting the criteria set forth in the contract. The expansion of Behavioral Health services is currently in progress, so this component is being monitored as program implementation continues.

| | |
|---------------------------|----------------|
| Department Contact | Karen Stormann |
| User Department | DCFS |
| Date | 9/20/2023 |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0334

| | |
|---|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> | <p>A Resolution authorizing an agreement with Cuyahoga County Board of Developmental Disabilities in the amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Agreement No. 3853 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|---|---|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an agreement with Cuyahoga County Board of Developmental Disabilities in an amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based Services for youth with developmental disabilities for the period of 1/1/2024 – 12/31/2025; and

WHEREAS, the primary goals of this project are to: (a) provide appropriate housing and services for children with developmental disabilities. and (b) transition youth into the adult developmental disabilities system; and

WHEREAS, this project is funded 100% by Medicaid Individual Option Waiver; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an agreement with Cuyahoga County Board of Developmental Disabilities in an amount not-to-exceed \$1,400,000.00 for Medicaid Home and Community-based

Services for youth with developmental disabilities for the period of 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Agreement No. 3853 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Division of Children & Family Services 2024-2025 Cuyahoga County Board of Developmental Disabilities agreement. |
| Department or Agency Name | Division of Children & Family 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 | 3853 | Bd of Developmental Disabilities | 1/1/2024-12/31/2025 | \$1,400,000.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase. Division of Children & Family Services 2024-2025 Cuyahoga County Board of Developmental Disabilities agreement for reimbursement for HCBS services. (Medicaid Home and Community Based 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):

- 1: Coordination of care and supports for youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD
- 2: CCBDD is responsible for the coordination provision of housing for DD youth as part of the youth's long-term transition of care plan.
- 3: CCBDD supports and helps DD youth receive all the services needed.

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: Cuyahoga County Board of Developmental Disabilities 1275 Lakeside Ave. East Cleveland, Ohio 44114 | Owner, executive director, other (specify): Amber Gibbs, Superintendent/CEO |
| Vendor Council District: Council District 7 | Project Council District: County wide |

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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. Government to Government agreement. *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.

100% Medicaid Individual Option Waiver

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.

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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| | | |
|--|---|---|
| <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): |
| 1/1/2022-12/31/2023 Contract for \$1,400,000.00 |
| 1/1/2020-12/31/2021 Contract for \$1,400,000.00 |

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Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | |
| Infor/Lawson PO# Code (if applicable): | GOVP |
| CM Contract# | 3853 |

| | | |
|--|------------|--------------------|
| Cuyahoga County Board of Developmental Disabilities | Department | Clerk of the Board |
| Briefing Memo | DG | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|---|-------|---------|---------------------|------------|
| Government Purchase | | | | |
| Reviewed by Purchasing | | | | |
| | | | Department initials | Purchasing |
| Justification Form | | | DG | BRM |
| Debarment/Suspension Verified | Date: | 9/29/23 | DG | BRM |
| Auditor’s Finding | Date: | 9/29/23 | DG | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Cover - <i>Master contracts only</i> | | | N/A | N/A |
| Contract Evaluation – <i>if required</i> | | | DG | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | DG | BRM |

Intra-Agency: A department/division under the auspices of the County Executive, County Council, Prosecutor's Office, Law Library, Inspector General, PRC, Public Defender, 8th District Court of Appeals, Courts of Common Pleas (Common Pleas, Domestic Relations, Juvenile, Probate).

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DG |
| Matrix Law Screen shot | DG |
| COI | N/A |
| Workers’ Compensation Insurance | N/A |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|-----------------------|
| 1/1/2024 – 12/31/2024 | HS215110 | 56110 | UCH05510 | \$ 700,000.00 |
| 1/1/2025 – 12/31/2025 | HS215110 | 56110 | UCH05510 | \$ 700,000.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$1,400,000.00 |

| | |
|---|------|
| Contract History CE/AG# (if applicable) | 2981 |
| Infor/Lawson PO# and PO Code (if applicable) | GOVP |
| Lawson RQ# (if applicable) | |
| CM Contract# | 3853 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|---|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$ 1,400,000.00 | | 12/31/2025 | Pending | Pending |
| Prior Contract Amounts (list separately) | | | | | |
| New Contract Amount | | | | | |
| | | | | | |
| Pending Amendment | | | | | |
| Total Amendments | | | | | |
| Total Contact Amount | | | | | |

Purchasing Use Only:

| | |
|---------------------------|---|
| Prior Resolutions: | |
| CM#: | 3853 |
| Vendor Name: | Cuyahoga County Board of Development Disabilities |
| ftp: | 1/1/2024-12/31/2025 |
| Amount: | \$1,400,000.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |

Purchasing Buyer approval: **BRM 10/30/2023**

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Cuyahoga County Board of Developmental Disabilities | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2981 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | The primary goal of the project is the coordination of care and supports for youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD | | | | |
| Service Description | Under this agreement CCBDD is responsible for the coordination and provision of housing for youth with developmental disabilities as part of the youth's long-term transition of care plan | | | | |
| Performance Indicators | Support youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD | | | | |
| Actual Performance versus performance indicators (include statistics): | CCBDD has worked collaboratively with DCFS to provide all needs for the youth served under this contract including housing and any other needed supports | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | CCBDD has been a great partner in supporting DCFS youth who are aging out of care and eligible with there services. CCBDD has supported DCFS with some of our higher need youth who are at times difficult to maintain in a traditional placement setting, by identifying housing and appropriate supports. | | | | |
| Department Contact | | | | | |
| User Department | | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0335

| | |
|---|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> | <p>A Resolution authorizing an agreement with Cuyahoga County Prosecutor’s Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Agreement No. 3854 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|---|--|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an agreement with Cuyahoga County Prosecutor’s Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period of 1/1/2024 – 12/31/2025; and

WHEREAS, the agreement is for legal services as defined in Chapter 309 of the Ohio Revised Code in matters related to the adjudication and disposition of children within the jurisdiction of Chapter 2151 of the Ohio Revised Code, and to perform such other duties that may be required of it by operation of Title IV-E; and

WHEREAS, the funding for this project is: (a) 33% Federal Funds (Title IV-E Admin) and (b) 67% Health and Human Services Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an agreement with Cuyahoga County Prosecutor’s Office in an amount not-to-exceed \$8,322,252.00 for legal services for the period of 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Agreement No. 3854 and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|--|
| Title | Intra-Governmental Agreement with Cuyahoga County Prosecutor's Office for 2024 Legal Services |
| Department or Agency Name | Department of Children and Family 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 | 3854 | Cuyahoga County | 1/1/2023 - 12/31/2024 | \$8,322,252.00 | Pending | Pending |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
 DCFS requesting approval of an agreement with Cuyahoga County Prosecutor's Office for the anticipated cost of 8,322,252.00

The Prosecutor's office will provide: Custody Representation, General Civil Representation, Appeals Representation and Parent-Relative Locator Services for DCFS.

Tasks include:

- Draft all complaints.
- Draft necessary motions, pleadings affidavits.
- Appear at every court hearing with County Prosecutor's Office
- Prepare County Prosecutor's Office, experts, and other witnesses for testimony.
- Provide 24/7 on-call representation.
- Handle records subpoenas in Juvenile Court
- Brief and argue all appeals in agency cases.
- Consult with Children and Family Services staff when families are evasive.

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

Project Goals, Outcomes or Purpose (list 3):
 Goal is to provide representation and legal counsel whenever needed in cases of abuse, neglect and dependency matters.

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): |
| Cuyahoga County Prosecutor's Office 1200 Ontario Street | The Cuyahoga County Prosecutor is Michael C. O'Malley |

| | |
|---------------------|--|
| Cleveland, OH 44113 | |
|---------------------|--|

| | |
|---------------------------------|----------------------------------|
| Vendor Council District: | Project Council District: |
| County-Wide | County-Wide |

| 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. An exemption is being requested as this is an intra-governmental agreement. *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, <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 checked="" 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 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): (<i>No acronyms – General Fund, HHS Levy, Capital, etc.</i>). Include % if more than one source The project is funded 33% Federal (Title IV-E Admin); 67% Health and Human Services Levy |
| 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 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): |
| Contract History: CM238, CM2199 |
| Prior Resolution Numbers: R2020-0268 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | N/A |
| Infor/Lawson PO# Code (if applicable): | N/A |
| CM Contract# | 3854 |

| | | |
|---------------|------------|--------------------|
| | Department | Clerk of the Board |
| Briefing Memo | AJ | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| OTHER THAN FULL AND OPEN COMPETITION | | | |
|---|-----------|-----------|----------------------------|
| Government Purchase | | | |
| Reviewed by Purchasing | | | |
| 2024/25 Legal Services CC Prosecutors Office | | | Department initials |
| Justification Form | | | AJ |
| Debarment/Suspension Verified | | | AJ |
| Date: | 10/4/2023 | | BRM |
| Auditor’s Finding | Date: | 9/29/2023 | BRM |
| Vendor’s Submission | | | N/A |
| Cover - <i>Master contracts only</i> | | | N/A |
| Contract Evaluation – <i>if required</i> | | | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A |
| Checklist Verification | | | BRM |

Intra-Agency: A department/division under the auspices of the County Executive, County Council, Prosecutor's Office, Law Library, Inspector General, PRC, Public Defender, 8th District Court of Appeals, Courts of Common Pleas (Common Pleas, Domestic Relations, Juvenile, Probate).

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | AJ |
| Matrix Law Screen shot | AJ |
| COI | N/A (intragovernmental purchase) |
| Workers’ Compensation Insurance | N/A (intragovernmental purchase) |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-----------------------|-----------------|----------------|--------------|-----------------------|
| 1/1/2024 - 12/31/2024 | HS260130 | 55130 | UCH00101 | \$4,161,126.00 |
| 1/1/2025 - 12/31/2025 | HS260130 | 55130 | UCH00101 | \$4,161,126.00 |
| | | | | |
| | | | TOTAL | \$8,322,252.00 |

| | |
|---|---------------|
| Contract History CE/AG# (if applicable) | CM238, CM2199 |
| Infor/Lawson PO# and PO Code (if applicable) | N/A |
| Lawson RQ# (if applicable) | N/A |
| CM Contract# | 3854 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$8,322,252.00 | | 1/1/2024 to 12/31/2025 | pending | pending |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | | | | |
| Total Amendments | | \$ | | | |
| Total Contact Amount | | \$ | | | |

Purchasing Use Only:

| | |
|---------------------------|-------------------------------------|
| Prior Resolutions: | |
| CM#: | 3854 |
| Vendor Name: | Cuyahoga County Prosecutor’s Office |
| ftp: | 1/1/2024-12/31/2025 |
| Amount: | \$8,322,252.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |

Purchasing Buyer approval: **BRM 10/17/2023**

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Cuyahoga County Prosecutor's Office | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2199. | | | | |
| RQ# | n/a - | | | | |
| Time Period of Original Contract | 1/1/2022 – 12/31/2023 | | | | |
| Background Statement | <p>The following services are provided by CCPO: Drafts all complaints Draft necessary motions, pleadings affidavits Appear at every court hearing with CPS Prepare CPS, experts and other witnesses for testimony Provide on-call representation 24/7 Handle records subpoenas in Juvenile Court Brief and argue all appeals in agency cases Consult with DCFS staff when families are evasive</p> | | | | |
| Service Description | Custody Representation, General Civil Representation, Appeals Representation and Parent-Relative Locator Services | | | | |
| Performance Indicators | County Prosecutor is mandated to provide counsel to CFS on all matters as requested. Once CFS has reviewed recommendations and developed a plan which is in the best interest of a child and in accordance with law, provide legal representation to secure approval from the court in order to carry out the plan. Additionally, when the Juvenile Court grants custody to CFS, if a journal entry is not forwarded, they will facilitate securing one. | | | | |
| Actual Performance versus performance indicators (include statistics): | The County Prosecutor's Office has represented DCFS on all matters as outlined above. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |

| | |
|--------------------------------|--|
| Justification of Rating | The County Prosecutor's Office has fulfilled its objectives and has represented the agency in a positive and proactive manner. |
| Department Contact | Carletta McCoy |
| User Department | Division of Children and Family Services |
| Date | 10/13/2023 |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0336

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services</p> | <p>A Resolution making an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|--|--|

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services recommends an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 as follows:

- a) Contract No. 3716 with Ashbury Community Services, Inc. in an anticipated amount of \$202,500.00 for Adult Development services.
- b) Contract No. 3717 with Catholic Charities Corporation - Fatima Family Center in an anticipated amount of \$328,159.90 for Adult Development and Meals services.
- c) Contract No. 3763 with Catholic Charities Corporation - Hispanic Senior Center in an anticipated amount of \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
- d) Contract No. 3765 with Catholic Charities Corporation - St. Martin de Porres Family Center in an anticipated amount of \$159,996.60 for Adult Development and Transportation services.
- e) Contract No. 3766 with City of Bedford in an anticipated amount of \$123,991.10 for Adult Development, Meals and Transportation services.
- f) Contract No. 3757 with City of Berea in an anticipated amount of \$159,918.68 for Adult Development and Transportation services.
- g) Contract No. 3758 with City of Euclid in an anticipated amount of \$990,080.00 for Adult Development and Transportation services.

- h) Contract No. 3759 with City of Lakewood in an anticipated amount of \$84,328.00 for Adult Development and Transportation services.
- i) Contract No. 3760 with City of Maple Heights in an anticipated amount of \$81,800.00 for Meals and Transportation services.
- j) Contract No. 3761 with City of Olmsted Falls in an anticipated amount of \$60,000.48 for Adult Development services.
- k) Contract No. 3742 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$24,807.60 for Adult Development and Meals Services.
- l) Contract No. 3751 with City of Parma Heights in an anticipated amount of \$494,794.00 for Adult Development, Meals and Transportation Services.
- m) Contract No. 3743 with City of Solon in an anticipated amount of \$158,297.68 for Adult Development services.
- n) Contract No. 3744 with City of Strongsville in an anticipated amount of \$193,201.00 for Adult Development and Transportation services.
- o) Contract No. 3745 with Cleveland Clergy Alliance in an anticipated amount of \$216,000.00 for Community Outreach services.
- p) Contract No. 3746 with Community Partnership on Aging in an anticipated amount of \$203,596.44 for Adult Development and Transportation services.
- q) Contract No. 3738 with East End Neighborhood House, Inc. in an anticipated amount of \$273,137.00 for Adult Development, Meals and Transportation services.
- r) Contract No. 3739 with Famicos Foundation, Inc. in an anticipated amount of \$199,080.00 for Adult Development and Transportation services.
- s) Contract No. 3740 with Harvard Community Services Center, Inc. in an anticipated amount of \$201,942.24 for Adult Development, Meals and Transportation services.
- t) Contract No. 3741 with Jennings Center for Older Adults in an anticipated amount of \$75,679.36 for Adult Day Service, Adult Development, Meals and Transportation services.
- u) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in an anticipated amount of \$60,000.24 for Adult Development services.
- v) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in an anticipated amount of \$45,792.00 for Adult Development services.
- w) Contract No. 3754 with Murtis Taylor Human Services System in an anticipated amount of \$366,880.00 for Adult Development, Meals and Transportation services.
- x) Contract No. 3755 with Rose Centers for Aging Well, LLC in an anticipated amount of \$549,829.12 for Adult Development, Meals and Transportation services.
- y) Contract No. 2756 with Senior Citizen Resources, Inc. in an anticipated amount of \$309,363.90 for Adult Development, Meals and Transportation services.
- z) Contract No. 3721 with Senior Transportation Connection in an anticipated amount of \$400,030.68 for Transportation services.

- aa) Contract No. 3730 with The Phillis Wheatley Association in an anticipated amount of \$100,006.76 for Meals services.
- bb) Contract No. 3726 with The Salvation Army in an anticipated amount of \$118,221.20 for Adult Development, Meals and Transportation services.
- cc) Contract No. 3727 with University Settlement, Inc. in an anticipated amount of \$209,999.88 for Adult Development, Meals and Transportation services.
- dd) Contract No. 3728 with West Side Community House in an anticipated amount of \$329,172.44 for Adult Development, Meals and Transportation services.

WHEREAS, the primary goal of this project is to provide programming at senior centers throughout Cuyahoga County; and

WHEREAS, this project is funded 100% by Health and Human Service Levy Funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby makes an award on RQ12756 with various municipalities and providers in the total amount not-to-exceed \$6,063,762.00 for the Community Social Services Program for the period 1/1/2024 - 12/31/2025 as follows:

- a) Contract No. 3716 with Ashbury Community Services, Inc. in an anticipated amount of \$108,084.00 for Adult Development services.
- b) Contract No. 3717 with Catholic Charities Corporation - Fatima Family Center in an anticipated amount of \$328,159.90 for Adult Development and Meals services.
- c) Contract No. 3763 with Catholic Charities Corporation - Hispanic Senior Center in an anticipated amount of \$243,155.06 for Adult Development, Meals, Transportation and Community Outreach services.
- d) Contract No. 3765 with Catholic Charities Corporation - St. Martin de Porres Family Center in an anticipated amount of \$159,996.60 for Adult Development and Transportation services.
- e) Contract No. 3766 with City of Bedford in an anticipated amount of \$123,991.10 for Adult Development, Meals and Transportation services.
- f) Contract No. 3757 with City of Berea in an anticipated amount of \$159,918.68 for Adult Development and Transportation services.
- g) Contract No. 3758 with City of Euclid in an anticipated amount of \$990,080.00 for Adult Development and Transportation services.
- h) Contract No. 3759 with City of Lakewood in an anticipated amount of \$84,328.00 for Adult Development and Transportation services.

- i) Contract No. 3760 with City of Maple Heights in an anticipated amount of \$81,800.00 for Meals and Transportation services.
- j) Contract No. 3761 with City of Olmsted Falls in an anticipated amount of \$60,000.48 for Adult Development services.
- k) Contract No. 3742 with City of Parma-Donna Smallwood Activities Center in an anticipated amount of \$24,807.60 for Adult Development and Meals Services.
- l) Contract No. 3751 with City of Parma Heights in an anticipated amount of \$494,794.00 for Adult Development, Meals and Transportation Services.
- m) Contract No. 3743 with City of Solon in an anticipated amount of \$158,297.68 for Adult Development services.
- n) Contract No. 3744 with City of Strongsville in an anticipated amount of \$193,201.00 for Adult Development and Transportation services.
- o) Contract No. 3745 with Cleveland Clergy Alliance in an anticipated amount of \$216,000.00 for Community Outreach services.
- p) Contract No. 3746 with Community Partnership on Aging in an anticipated amount of \$203,596.44 for Adult Development and Transportation services.
- q) Contract No. 3738 with East End Neighborhood House, Inc. in an anticipated amount of \$273,137.00 for Adult Development, Meals and Transportation services.
- r) Contract No. 3739 with Famicos Foundation, Inc. in an anticipated amount of \$199,080.00 for Adult Development and Transportation services.
- s) Contract No. 3740 with Harvard Community Services Center, Inc. in an anticipated amount of \$201,942.24 for Adult Development, Meals and Transportation services.
- t) Contract No. 3741 with Jennings Center for Older Adults in an anticipated amount of \$75,679.36 for Adult Day Service, Adult Development, Meals and Transportation services.
- u) Contract No. 3752 with Linking Employment, Abilities and Potential (LEAP) in an anticipated amount of \$60,000.24 for Adult Development services.
- v) Contract No. 3896 with Near West Side Multi-Service Corporation dba May Dugan Center in an anticipated amount of \$45,792.00 for Adult Development services.
- w) Contract No. 3754 with Murtis Taylor Human Services System in an anticipated amount of \$366,880.00 for Adult Development, Meals and Transportation services.
- x) Contract No. 3755 with Rose Centers for Aging Well, LLC in an anticipated amount of \$549,829.12 for Adult Development, Meals and Transportation services.
- y) Contract No. 2756 with Senior Citizen Resources, Inc. in an anticipated amount of \$309,363.90 for Adult Development, Meals and Transportation services.
- z) Contract No. 3721 with Senior Transportation Connection in an anticipated amount of \$400,030.68 for Transportation services.
- aa) Contract No. 3730 with The Phillis Wheatley Association in an anticipated amount of \$100,006.76 for Meals services.

- bb) Contract No. 3726 with The Salvation Army in an anticipated amount of \$118,221.20 for Adult Development, Meals and Transportation services.
- cc) Contract No. 3727 with University Settlement, Inc. in an anticipated amount of \$209,999.88 for Adult Development, Meals and Transportation services.
- dd) Contract No. 3728 with West Side Community House in an anticipated amount of \$329,172.44 for Adult Development, Meals and Transportation services.

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with said awards and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual, daily operation of the County; the preservation of public peace, health, or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____

_____, 20__

+PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Department of Senior and Adult Services; Master Agreement; 01/01/2024 – 12/31/2025; Community Social Services Program (CSSP) |
| Department or Agency Name | Department of Senior and Adult Services |
| Requested Action | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|-------------|-------------------------|----------------|---|--------------|
| O | Various | Various | 01/01/2024 – 12/31/2025 | \$6,063,762.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Service/Item Description (include quantity if applicable). Indicate whether New or Existing service or purchase.
Adult Day Service, Adult Development, Transportation, Meals, Community Outreach, Senior Service and Innovative Program, Digital Literacy for Seniors and Adults with disabilities in Cuyahoga County.

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

Project Goals, Outcomes or Purpose (list 3):

- To reduce loneliness and isolation
- To improve physical, social, and mental health
- To reduce food insecurity
- To provide access to safe and affordable transportation services

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: Ashbury Senior Computer Community Center | Owner, executive director, other (specify): |
| 11011 Ashbury Avenue Cleveland, OH 44106 | Wanda Davis , Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Catholic Charities Corporation – Fatima Family Center | Owner, executive director, other (specify): |

| | |
|---|---|
| 7911 Detroit Avenue Cleveland, OH 44102 | Lajean Ray |
| Vendor Council District: | Project Council District |
| Council District 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: | Owner, executive director, other (specify): |
| Catholic Charities Corporation – Hispanic Senior Center 7911 Detroit Avenue Cleveland, OH 44102 | Ramonita Johnson |
| Vendor Council District: | Project Council District: |
| Council District 3 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Catholic Charities Corporation – St. Martin De Porres Family Center | Owner, executive director, other (specify): |
| 7911 Detroit Avenue Cleveland, OH 44102 | Karnese McKenzie |
| Vendor Council District: | Project Council District: |
| Council District 3 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Bedford | Owner, executive director, other (specify): |
| 165 Center Rd. Bedford, OH 44146 | Michael Callahan |
| Vendor Council District: | Project Council District: |
| Council District 9 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Berea | Owner, executive director, other (specify): |
| 11 Berea Commons Berea, OH 44017 | Natalie Guzzo, Administrator |
| Vendor Council District: | Project Council District: |
| Council District 5 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Euclid | Owner, executive director, other (specify): |

| | |
|---|---|
| 585 East 222 nd Street Euclid, OH 44123 | Bob Payne, Manager |
| Vendor Council District: | Project Council District: |
| Council District 11 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Lakewood | Owner, executive director, other (specify): |
| Lawther Center 16024 Madison Ave Avenue Lakewood, OH 44107 | Chad Berry, Director |
| Vendor Council District: | Project Council District: |
| Council District 2 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Maple Heights | Owner, executive director, other (specify): |
| 5353 Lee Road Maple Heights, OH 44137 | Linda Vopat, Director |
| Vendor Council District: | Project Council District: |
| Council District 8 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Olmsted Falls | Owner, executive director, other (specify): |
| 26100 Bagley Rd. Olmsted Falls, OH 44138 | Angi Mancini, Clerk of Courts |
| Vendor Council District: | Project Council District: |
| Council District 5 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Parma Heights | Owner, executive director, other (specify): |
| 6281 Pearl Road Parma Heights, OH 44130 | Trish James Administrator |
| Vendor Council District: | Project Council District: |
| Council district 4 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Solon | Owner, executive director, other (specify): |
| 34200 Bainbridge Road Solon, OH 44139 | Jill Frankel |

| | |
|---|---|
| Vendor Council District: 6 | Project Council District: |
| Council district 6 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Strongsville | Owner, executive director, other (specify): |
| 18100 Royalton Road Strongsville, OH 44136 | |
| Vendor Council District: | Project Council District: |
| Council district 5 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Cleveland Clergy Alliance | Owner, executive director, other (specify): |
| 4050 Monticello Blvd. Cleveland Heights, OH 44121 | Rev. Lorenzo Norris , President and CEO |
| Vendor Council District: | Project Council District: |
| Council district 10 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Community Partnership on Aging | Owner, executive director, other (specify): |
| 1370 Victory Drive South Euclid, OH 44121 | Wendy Albin-Sattin, Executive Director |
| Vendor Council District: | Project Council District: |
| Council district 11 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: City of Parma – Donna Smallwood Activities Center | Owner, executive director, other (specify): |
| 7010 Powers Blvd. Parma, OH 44129 | Erin Lally, Director |
| Vendor Council District: | Project Council District: |
| Council district 4 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: East End Neighborhood House, Inc | Owner, executive director, other (specify): |
| 2749 Woodhill Road Cleveland, OH 44104 | Atunyese Vanessa Herron |
| Vendor Council District: | Project Council District: |
| Council district 7 | County Wide |

| | |
|---|---|
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Famicos Foundation, Inc | Owner, executive director, other (specify): |
| 1325 Ansel Road Cleveland, OH 44106 | John Anoliefo, Executive Director |
| Vendor Council District: | Project Council District: |
| Council district 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Harvard Community Services Center | Owner, executive director, other (specify): |
| 18240 Harvard Avenue Cleveland, OH 44128 | Elaine Gohlstin, President & CEO |
| Vendor Council District: | Project Council District: |
| Council district 9 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Jennings Center for Older Adults | Owner, executive director, other (specify): |
| 10204 Granger Road Garfield Heights, OH 44125 | Emily Taylor |
| Vendor Council District: | Project Council District: |
| Council District 8 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Linking, Employment, Abilities and Potential (LEAP) | Owner, executive director, other (specify): |
| 2545 Lorain Ave Cleveland, OH 44113 | Melanie Hogan, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Near West Side Mult-Service DBA May Dugan | Owner, executive director, other (specify): |
| 4115 Bridge Ave Cleveland, OH 44113 | Andy Trares, Owner |
| Vendor Council District: | Project Council District: |
| Council District 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| | |
|---|---|
| Vendor Name and address: Murtis Taylor | Owner, executive director, other (specify): |
| 13422 Kinsman Rd Cleveland, OH 44120 | Lovell Custard, President & CEO |
| Vendor Council District: | Project Council District: |
| Council District 9 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Rose Centers For Aging Well, LLC | Owner, executive director, other (specify): |
| 11890 Fairhill Rd Cleveland, OH 44120 | Dabney Conwell, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 9 | Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Senior Citizen Resources, Inc | Owner, executive director, other (specify): |
| 3100 Devonshire Rd Cleveland, OH 44109 | Liz Kilroy Hernandez, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 7 | Council District 7 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Senior Transportation Connection | Owner, executive director, other (specify): |
| 4735 W. 150 th Street, Ste A Cleveland, Ohio 44135 | Laura Kleinman, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 2 | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: The Phillis Wheatley Association | Owner, executive director, other (specify): |
| 4450 Cedar Ave. Cleveland, OH 44103 | Valerie Chilkcutt, Director of Administration |
| Vendor Council District: | Project Council District: |
| Council District 8 | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: The Salvation Army | Owner, executive director, other (specify): |

| | |
|---|---|
| 4400 West Nyack Rd. West Nyack, NY 10994 | Sharon Janasek, Director of Government & Foundation Relations |
| Vendor Council District: | Project Council District |
| N/A | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: University Settlement, Inc. | Owner, executive director, other (specify): |
| 4800 Broadway Ave. Cleveland, OH 44127 | Kelly McConnell, Development Director |
| Vendor Council District: | Project Council District: |
| Council District 8 | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: West Side Community House | Owner, executive director, other (specify): |
| 9300 Lorain Ave. Cleveland, OH 44102 | Rachelle Milner, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 3 | County wide |
| 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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: July 17 th , 2023 | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: \$3,269,175.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / 118/34 | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): (0%) DBE (20%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, <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 checked="" type="checkbox"/> No, <i>please explain:</i> <i>Master Agreement RFP - 30 of 34 vendors were awarded.</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 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% Health and Human Services |
| 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 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 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 Contract – R2022-0025 – 2/08/2022 |
| Amendment 1 – R2022-0389 – 11/22/2022 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3716 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | |
|---|---------|---------|----------------------------|
| Formal RFP | | | |
| Reviewed by Purchasing | | | |
| Ashbury Senior Computer Community Center | | | Department initials |
| Purchasing | | | |
| Notice of Intent to Award (sent to all responding vendors) | | | JW |
| Bid Specification Packet | | | JW |
| Final DEI Goal Setting Worksheet | | | JW |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A |
| Award Letter (sent to awarded vendor) | | | JW |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | N/A |
| Tabulation Sheet | | | JW |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW |
| IG# | 12-2980 | | AC |
| Debarment/Suspension Verified | Date: | 9/8/23 | AC |
| Auditor’s Finding | Date: | 9/8/23 | AC |
| Vendor’s Submission | | | JW |
| Independent Contractor (I.C.) Requirement | Date: | 9/12/23 | AC |
| Cover - <i>Master contracts only</i> | | | JW |
| Contract Evaluation – <i>if required</i> | | | JW |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A |
| Checklist Verification | | | JW |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | AC |
| Workers’ Compensation Insurance | AC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$101,250.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$101,250.00 |
| | | | TOTAL | \$202,500.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO #- 211950 | | | |
| Lawson RQ# (if applicable) | | 6690/8713 | | | |
| CM Contract# | | CM2757 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$75,000.00 | | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | Prior Amendment Amounts (list separately) | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$75,000.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|----------------------------|
| Prior Resolutions | N/A |
| CM#: | 3717 |
| Vendor Name: | ASHBURY COMMUNITY SERVICES |
| ftp: | 01/01/24 – 12/31/25 |
| Amount: | \$202,500.00 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|-------------|
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/24/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3717 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

FULL AND OPEN COMPETITION

Formal RFP

Reviewed by Purchasing

| Fatima Family Center | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | JW | OK AC |
| Bid Specification Packet | JW | OK AC |
| Final DEI Goal Setting Worksheet | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A AC |
| Award Letter (sent to awarded vendor) | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | JW | OK AC |
| Tabulation Sheet | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | JW | OK AC |
| IG# 12-0762 | AC | OK AC |
| Debarment/Suspension Verified Date: 9/8/23 | AC | OK AC |
| Auditor’s Finding Date: 9/8/23 | AC | OK AC |
| Vendor’s Submission | JW | OK AC |
| Independent Contractor (I.C.) Requirement Date: 9/12/23 | AC | OK AC |
| Cover - <i>Master contracts only</i> | JW | OK AC |
| Contract Evaluation – <i>if required</i> | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A AC |
| Checklist Verification | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law

| | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | AC |
| Workers’ Compensation Insurance | AC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$114,479.95 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$49,600.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$114,479.95 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$49,600.00 |
| | | | TOTAL | \$328,159.90 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO#- 211326 | | | |
| Lawson RQ# (if applicable) | | 6690/8713 | | | |
| CM Contract# | | CM1926 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$175,312.50 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$0 | | | |
| Total Contact Amount | \$175,312.50 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|---|
| Prior Resolutions | N/A AC |
| CM#: | 3717 |
| Vendor Name: | CATHOLIC CHARITIES CORPORATION - FATIMA |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$328,159.90 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/24/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 2491 |
| CM Contract# | 3763 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | |
|---|----------------------------|-------------------|
| Formal RFP | | |
| Reviewed by Purchasing | | |
| Hispanic Senior Center | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | JW | OK AC |
| Bid Specification Packet | JW | OK AC |
| Final DEI Goal Setting Worksheet | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | OK AC |
| Award Letter (sent to awarded vendor) | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | JW | OK AC |
| Tabulation Sheet | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | JW | OK AC |
| IG# 12-0762 | JW | OK AC |
| Debarment/Suspension Verified Date: 9/8/23 | AC | OK AC |
| Auditor’s Finding Date: 9/8/23 | AC | OK AC |
| Vendor’s Submission | JW | OK AC |
| Independent Contractor (I.C.) Requirement Date: 9/12/23 | AC | OK AC |
| Cover - <i>Master contracts only</i> | JW | OK AC |
| Contract Evaluation – <i>if required</i> | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A AC |
| Checklist Verification | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | AC |
| Workers’ Compensation Insurance | AC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$44,570.27 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$20,002.80 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09306 | \$27,005.40 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$29,999.06 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$44,570.27 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$20,002.80 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09306 | \$27,005.40 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$29,999.06 |
| | | | TOTAL | \$243,155.06 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO#- 211325 | | | |
| Lawson RQ# (if applicable) | | 6690/8713 | | | |
| CM Contract# | | 1925 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$239,750.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$239,750.00 | | | | |

Department of Purchasing – Required Documents Checklist

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PURCHASING USE ONLY

| | |
|--|--------------------------------|
| Prior Resolutions | N/A |
| CM#: | 3763 |
| Vendor Name: | CATHOLIC CHARITIES CORPORATION |
| ftp: | 01/01/24-12/3125 |
| Amount: | \$243,155.06 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/24/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | |
| Event # | |
| CM Contract# | 3765 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | | |
|---|---------|---------|----------------------------|-------------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| St. Martin De Porres | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | JW | OK AC |
| Bid Specification Packet | | | JW | OK AC |
| Final DEI Goal Setting Worksheet | | | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | N/A AC |
| Award Letter (sent to awarded vendor) | | | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | JW | OK AC |
| Tabulation Sheet | | | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW | OK AC |
| IG# | 12-0762 | | JW | OK AC |
| Debarment/Suspension Verified | Date: | 9/8/23 | AC | OK AC |
| Auditor’s Finding | Date: | 9/8/23 | AC | OK AC |
| Vendor’s Submission | | | JW | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | 9/12/23 | AC | OK AC |
| Cover - <i>Master contracts only</i> | | | JW | OK AC |
| Contract Evaluation – <i>if required</i> | | | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A AC |
| Checklist Verification | | | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | AC |
| Workers’ Compensation Insurance | AC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$54,999.90 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$24,998.40 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$54,999.90 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$24,998.40 |
| | | | TOTAL | \$159,996.60 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | | | | |
|---|--|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | PO#- 21137 | | | |
| Lawson RQ# (if applicable) | | 6690/8713 | | | |
| CM Contract# | | 1927 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$178,640.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$0 | | | |
| Total Contact Amount | \$178,640.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|--------------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3765 |
| Vendor Name: | Catholic Charities Corporation |

2 | Page

Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------------|
| ftp: | 01/01/24 – 12/31/25 |
| Amount: | \$159,996.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 2491 |
| CM Contract# | 3766 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | | |
|---|-------|--------|----------------------------|-------------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| City of Bedford | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | JW | OK AC |
| Bid Specification Packet | | | JW | OK AC |
| Final DEI Goal Setting Worksheet | | | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | |
| Award Letter (sent to awarded vendor) | | | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | JW | OK AC |
| Tabulation Sheet | | | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW | OK AC |
| IG# | | | N/A | |
| Debarment/Suspension Verified | Date: | 9/8/23 | AC | OK AC |
| Auditor’s Finding | Date: | 9/8/23 | AC | OK AC |
| Vendor’s Submission | | | JW | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | ----- | N/A | |
| Cover - <i>Master contracts only</i> | | | JW | OK AC |
| Contract Evaluation – <i>if required</i> | | | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | |
| Checklist Verification | | | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | AC |
| Workers’ Compensation Insurance | AC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$29,999.20 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$11,999.45 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$19,996.90 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$29,999.20 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$11,999.45 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$19,996.90 |
| | | | TOTAL | \$123,991.10 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO#- 211329 | | | |
| Lawson RQ# (if applicable) | | 6690/8713 | | | |
| CM Contract# | | 1936 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$108,084.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$0 | | | |
| Total Contact Amount | \$108,084.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3766 |
| Vendor Name: | CITY OF BEDFORD |
| ftp: | 01/01/24 – 12/31/25 |
| Amount: | \$123,991.10 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | N/A |
| Event # | 4491 |
| CM Contract# | 3757 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DWM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| City of Berea | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | DWM | OK AC |
| Bid Specification Packet | DWM | OK AC |
| Final DEI Goal Setting Worksheet | DWM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | |
| Award Letter (sent to awarded vendor) | DWM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DWM | OK AC |
| Tabulation Sheet | DWM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DWM | OK AC |
| IG# N/A | N/A | |
| Debarment/Suspension Verified Date: 9/7/23 | DWM | OK AC |
| Auditor’s Finding Date: 9/7/23 | DWM | OK AC |
| Vendor’s Submission | DWM | OK AC |
| Independent Contractor (I.C.) Requirement Date: N/A | N/A | |
| Cover - <i>Master contracts only</i> | DWM | OK AC |
| Contract Evaluation – <i>if required</i> | DWM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | DWM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DWM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$ 44,997.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$ 34,962.34 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$ 44,997.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$ 34,962.00 |
| | | | TOTAL | \$159,918 | |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211330 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1939 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$226,036.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$226,036.00 | | | | |

PURCHASING USE ONLY

| | |
|--------------------------|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3757 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------------|
| Vendor Name: | CITY OF BEREA |
| ftp: | 01/01/24 - 12/31/25 |
| Amount: | \$159,918.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | AC 10/25/2025 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| DInfor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | N/A |
| Event # | 4491 |
| CM Contract# | 3758 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DWM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | | |
|---|-------|--------|----------------------------|-------------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| City of Euclid | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | DWM | OK AC |
| Bid Specification Packet | | | DWM | OK AC |
| Final DEI Goal Setting Worksheet | | | DWM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | |
| Award Letter (sent to awarded vendor) | | | DWM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | N/A | |
| Tabulation Sheet | | | DWM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | DWM | OK AC |
| IG# | N/A | | N/A | |
| Debarment/Suspension Verified | Date: | 9/7/23 | DWM | OK AC |
| Auditor’s Finding | Date: | 9/7/23 | DWM | OK AC |
| Vendor’s Submission | | | DWM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | N/A | N/A | |
| Cover - <i>Master contracts only</i> | | | DWM | OK AC |
| Contract Evaluation – <i>if required</i> | | | DWM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | |
| Checklist Verification | | | DWM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DWM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$ 4,800.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$ 30,002.50 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09306 | \$ 10,237.50 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$ 4,800.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$ 30,002.50 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09306 | \$ 10,237.50 |
| | | | TOTAL | \$90,080.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211331 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1940 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$152,810.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$90,080.00 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$152,810.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3758 |
| Vendor Name: | CITY OF EUCLID |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$90,080.00 |
| History/CE: | 1940 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | N/A |
| Event # | 4491 |
| CM Contract# | 3759 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DWM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | |
|---|--------------|----------------------------|-------------------|
| Formal RFP | | | |
| Reviewed by Purchasing | | | |
| | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | DWM | OK AC |
| Bid Specification Packet | | DWM | OK AC |
| Final DEI Goal Setting Worksheet | | DWM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | N/A | |
| Award Letter (sent to awarded vendor) | | DWM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | DWM | OK AC |
| Tabulation Sheet | | DWM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | DWM | OK AC |
| IG# | N/A | N/A | |
| Debarment/Suspension Verified | Date: 9/7/23 | DWM | OK AC |
| Auditor’s Finding | Date: 9/7/23 | DWM | OK AC |
| Vendor’s Submission | | DWM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: N/A | N/A | |
| Cover - <i>Master contracts only</i> | | DWM | OK AC |
| Contract Evaluation – <i>if required</i> | | DWM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | N/A | |
| Checklist Verification | | DWM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DWM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Performance Bond, if required per RFP | DWM |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|--------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$ 11,000.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$ 31,164.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$ 11,000.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$ 31,164.00 |
| | | | TOTAL | | \$84,328.00 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | N/A | | | |
|---|--|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | 211485 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1946 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$91,000.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$84,328.00 | 01/01/24 – 12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$91,000.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3759 |
| Vendor Name: | CITY OF LAKEWOOD |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$84,328.00 |
| History/CE: | 1946 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | N/A |
| Event # | 4491 |
| CM Contract# | 3760 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DWM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing

| | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | DWM | OK AC |
| Bid Specification Packet | DWM | OK AC |
| Final DEI Goal Setting Worksheet | DWM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | DWM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DWM | OK AC |
| Tabulation Sheet | DWM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DWM | OK AC |
| IG# N/A | N/A | |
| Debarment/Suspension Verified Date: 9/7/23 | DWM | OK AC |
| Auditor’s Finding Date: 9/7/23 | DWM | OK AC |
| Vendor’s Submission | DWM | OK AC |
| Independent Contractor (I.C.) Requirement Date: N/A | N/A | |
| Cover - <i>Master contracts only</i> | DWM | OK AC |
| Contract Evaluation – <i>if required</i> | DWM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | DWM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law

| | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DWM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Performance Bond, if required per RFP | DWM |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|--------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$ 18,900.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | | \$ 22,000.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$ 18,900.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | | \$ 22,000.00 |
| | | | TOTAL | | \$81,000.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211332 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1941 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$114,800.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ 81,000.00 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$114,800.00 | | | | |

PURCHASING USE ONLY

| | |
|--------------------------|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 1941 |
| Vendor Name: | CITY OF MAPLE HEIGHTS |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$81,000.00 |
| History/CE: | 1941 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | N/A |
| Event # | 4491 |
| CM Contract# | 3761 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DWM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | DWM | OK AC |
| Bid Specification Packet | DWM | OK AC |
| Final DEI Goal Setting Worksheet | DWM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | DWM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DWM | OK AC |
| Tabulation Sheet | DWM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DWM | OK AC |
| IG# | N/A | |
| Debarment/Suspension Verified | Date: 9/7/23 | DWM |
| Auditor’s Finding | Date: 9/7/23 | DWM |
| Vendor’s Submission | DWM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: N/A | N/A |
| Cover - <i>Master contracts only</i> | DWM | OK AC |
| Contract Evaluation – <i>if required</i> | DWM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | DWM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DWM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Performance Bond, if required per RFP | DWM |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|----------|--------------------------------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$ 30,000.24 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$ 30,000.24 |
| | | | TOTAL | | \$60,000.48 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|--|---|------------------|--|---------------|------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211333 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1942 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$59,990.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$60,000.48 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$59,990.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3761 |
| Vendor Name: | CITY OF OLMSTED FALLS |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$60,000.48 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------|
| History/CE: | 1942 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3742 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | NM | <input type="checkbox"/> |

| | | |
|--|------------------------------|-------------------------------|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|-------------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
|---|------------------------------|-------------------------------|

| FULL AND OPEN COMPETITION | | | | |
|---|-------|------------|----------------------------|-------------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| Donna Smallwood Activities Center City of Parma | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | NM | OK AC |
| Bid Specification Packet | | | NM | OK AC |
| Final DEI Goal Setting Worksheet | | | NM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | OK AC |
| Award Letter (sent to awarded vendor) | | | NM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | NM | OK AC |
| Tabulation Sheet | | | NM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | NM | OK AC |
| IG# | | | N/A | N/A AC |
| Debarment/Suspension Verified | Date: | 10.16.2023 | NM | OK AC |
| Auditor’s Finding | Date: | 10.16.2023 | NM | OK AC |
| Vendor’s Submission | | | NM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | | N/A | N/A AC |
| Cover - <i>Master contracts only</i> | | | NM | OK AC |
| Contract Evaluation – <i>if required</i> | | | N/A | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A AC |
| Checklist Verification | | | NM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | NM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-----------------------|-----------------|---------|--------------|--------------------|
| 1/01/2024-12/31/20024 | HS260265 | 56110 | UCH09303 | \$7,156.80 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09304 | \$5,247.00 |
| 1/01/2025-12/31/20025 | HS260265 | 56110 | UCH09303 | \$7,156.90 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09304 | \$5,247.00 |
| | | | TOTAL | \$24,807.60 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | New Vendor | | | |
| Not on last RFP | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| | Original Amount | | | | |
| | Prior Amendment Amounts (list separately) | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | | | | | |

PURCHASING USE ONLY

| | |
|-------------------|---|
| Prior Resolutions | N/A AC |
| CM#: | 3742 |
| Vendor Name: | CITY OF PARMA - DONNA SMALLWOOD ACTIVITIES CENTER |
| ftp: | 01/01/24 – 12/31/25 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------|
| Amount: | \$24,807.60 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6690 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3751 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | PC | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

FULL AND OPEN COMPETITION

Formal RFP

Reviewed by Purchasing

| City of Parma Heights | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | PC | OK AC |
| Bid Specification Packet | PC | OK AC |
| Final DEI Goal Setting Worksheet | PC | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | PC | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | PC | OK AC |
| Tabulation Sheet | PC | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | PC | OK AC |
| IG# | N/A | |
| Debarment/Suspension Verified | Date: 9/25/23 | PC |
| Auditor’s Finding | Date: 9/13/23 | PC |
| Vendor’s Submission | | PC |
| Independent Contractor (I.C.) Requirement | Date: 9/5/23 | PC |
| Cover - <i>Master contracts only</i> | | PC |
| Contract Evaluation – <i>if required</i> | | PC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | PC | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law

| | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | PC |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | PC |
| Workers’ Compensation Insurance | PC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$39,900.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$75,000.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$132,497.32 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$39,900.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$75,000.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$132,497.32 |
| | | | TOTAL | \$494,794.64 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 2758 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$ 374,500.00 | | 7/1/2022-12/31/2023 | 11/22/22 | R2022-0389 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$494,794.64 | 01/01/24/-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$374,500.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------------------|
| Prior Resolutions | R2022-0389, R2022-0389 |
| CM#: | 3751 |
| Vendor Name: | CITY OF PARMA HEIGHTS |
| ftp: | 01/01/24/-12/31/25 |
| Amount: | \$494,794.64 |
| History/CE: | 2758 |
| EL: | |
| Procurement Notes: | OK |
| Purchasing Buyer’s initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------|
| Infor/Lawson RQ#: | 6690 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3743 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | PC | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | |
|---|-----|------------|---------------------|
| Formal RFP | | | |
| Reviewed by Purchasing | | | |
| City of Solon | | | Department initials |
| | | Purchasing | |
| Notice of Intent to Award (sent to all responding vendors) | | PC | CQ |
| Bid Specification Packet | | PC | CQ |
| Final DEI Goal Setting Worksheet | | PC | CQ |
| Diversity Documents – <i>if required (goal set)</i> | | N/A | NA |
| Award Letter (sent to awarded vendor) | | PC | CQ |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | PC | CQ |
| Tabulation Sheet | | PC | CQ |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | PC | CQ |
| IG# | | N/A | GOVT ENTITY |
| Debarment/Suspension Verified | PC | 09/25/2023 | PC |
| Auditor’s Finding | PC | 09/13/2023 | PC |
| Vendor’s Submission | | PC | CQ |
| Independent Contractor (I.C.) Requirement | n/a | n/a | N/A |
| Cover - <i>Master contracts only</i> | | PC | CQ |
| Contract Evaluation – <i>if required</i> | | PC | CQ |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | N/A | NA |
| Checklist Verification | | PC | CQ |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|------------------------|----------------------------|
| | Department initials |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Agreement/Contract and Exhibits | PC |
| Matrix Law Screen shot | NM |
| COI | PC |
| Workers’ Compensation Insurance | PC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$79,148.84 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$79,148.84 |
| | | | TOTAL | \$158,297.68 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | | | | |
|--|---|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1943 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$119,626.00 | | 1/1/2022 - 12/31/2023 | 02/08/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | Pending Amendment | \$158,297.68 | 1/1/24-12/31/25 | | |
| | Total Amendments | | | | |
| Total Contact Amount | \$119,626.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|--------------------------|
| Prior Resolutions | R2022-0025 R2022-0389 |
| CM#: | 3743 |
| Vendor Name: | City of Solon |
| ftp: | 1/1/24-12/31/25 |
| Amount: | \$158,297.68 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------|
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | CQ 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|------|
| Infor/Lawson RQ#: | 6690 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3744 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | PC | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | | |
|---|-----|---------|---------------------|------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| City of Strongsville | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | PC | OK AC |
| Bid Specification Packet | | | PC | OK AC |
| Final DEI Goal Setting Worksheet | | | PC | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | |
| Award Letter (sent to awarded vendor) | | | PC | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | PC | OK AC |
| Tabulation Sheet | | | PC | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | PC | OK AC |
| IG# | N/A | | N/A | |
| Debarment/Suspension Verified | | 9/23/23 | PC | OK AC |
| Auditor’s Finding | | 9/13/23 | PC | OK AC |
| Vendor’s Submission | | | PC | OK AC |
| Independent Contractor (I.C.) Requirement | | N/A | N/A | |
| Cover - <i>Master contracts only</i> | | | PC | OK AC |
| Contract Evaluation – <i>if required</i> | | | PC | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | |
| Checklist Verification | | | PC | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|------------------------|----------------------------|
| | Department initials |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Agreement/Contract and Exhibits | PC |
| Matrix Law Screen shot | NM |
| COI | PC |
| Workers’ Compensation Insurance | PC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$63,600.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$33,000.50 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$63,600.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$33,000.50 |
| | | | TOTAL | \$193,201.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO#211343 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1944 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$220,950.00 | | 1/1/22- 12/31/23 | 02/08/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | Pending Amendment | \$193,201.00 | 01/01/24-12/31/25 | | |
| | Total Amendments | | | | |
| Total Contact Amount | \$220,950.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3744 |
| Vendor Name: | CITY OF STRONGSVILLE |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$193,201.00 |
| History/CE: | 1944 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------|
| Infor/Lawson RQ#: | 6690 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3745 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | PC | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Cleveland Clergy Alliance | Department initials | Purchasing |
|---|---------------------|---|
| Notice of Intent to Award (sent to all responding vendors) | PC | OK KT 10/25/2023 |
| Bid Specification Packet | PC | OK KT 10/25/2023 |
| Final DEI Goal Setting Worksheet | PC | OK KT 10/25/2023 |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | PC | OK KT 10/25/2023 |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | PC | OK KT 10/25/2023 |
| Tabulation Sheet | PC | OK KT 10/25/2023 |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | PC | OK KT 10/25/2023 |
| IG# 19-0005-REG 31DEC2023 | PC | OK KT 10/25/2023 Cleveland Clergy Alliance 19-0005-REG 31DEC2023 |
| Debarment/Suspension Verified Date: 9/25/2023 9/23/23 | PC | OK KT 09/23/2023 |
| Auditor’s Finding Date: 9/12/2023 | PC | OK KT 09/12/2023 |
| Vendor’s Submission | PC | OK KT 10/25/2023 |
| Independent Contractor (I.C.) Requirement Date: 9/12/23 | PC | OK KT 09/12/2023 |
| Cover - <i>Master contracts only</i> | PC | OK KT 10/25/2023 |
| Contract Evaluation – <i>if required</i> | PC | OK KT 10/25/2023 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A |
| Checklist Verification | PC | OK KT 10/25/2023 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| |
|------------------------|
| Reviewed by Law |
|------------------------|

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | PC |
| Matrix Law Screen shot | NM |
| COI | PC |
| Workers’ Compensation Insurance | PC |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09306 | \$108,000.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09306 | \$108,000.00 |
| | | | TOTAL | \$216,000.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1945 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$300,000.00 | | 1/1/22- 12/31/23 | 02/08/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$216,000.00 | | | |
| Total Contact Amount | \$300,000.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|---------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3745 |
| Vendor Name: | Cleveland Clergy Alliance |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---------------------|
| ftp: | 01/01/2024-12/31/25 |
| Amount: | \$216,000.00 |
| History/CE: | |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | KT 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

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|--|------|
| Infor/Lawson RQ#: | 6690 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3746 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | PC | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing | | | | |
|---|----|----------|---------------------|---|
| Community Partnership on Aging | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | PC | GHM |
| Bid Specification Packet | | | PC | GHM |
| Final DEI Goal Setting Worksheet | | | PC | GHM |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | NA |
| Award Letter (sent to awarded vendor) | | | PC | GHM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | PC | GHM |
| Tabulation Sheet | | | PC | GHM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | PC | GHM |
| IG# | PC | | PC | Community Partnership On Aging 21-0146-REG 31DEC202 |
| Debarment/Suspension Verified | PC | 9/25/23 | PC | GHM |
| Auditor’s Finding | PC | 9/12/23 | PC | GHM |
| Vendor’s Submission | | | PC | GHM |
| Independent Contractor (I.C.) Requirement | PC | 9/5/2023 | PC | GHM |
| Cover - <i>Master contracts only</i> | | | PC | GHM |
| Contract Evaluation – <i>if required</i> | | | PC | GHM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | PC | GHM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| Reviewed by Law | |
|---------------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | PC document attached GHM |
| Matrix Law Screen shot | NM document attached GHM |
| COI | PC document attached GHM |
| Workers' Compensation Insurance | PC document attached GHM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|----------|--------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$61,797.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$40,001.22 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$61,797.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$40,001.22 |
| | | | | |
| | | | TOTAL | \$203,596.44 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | NA | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | NA | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1947 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$140,000.00 | | 1/1/22- 12/31/23 | 02/08/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$203,596.44 | 01/01/2024 – 12/31/2025 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$140,000.00 | | | | |

2 | Page

Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

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PURCHASING USE ONLY

| | |
|--|--------------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3746 |
| Vendor Name: | Community Partnership On Aging |
| ftp: | 01/01/2024 – 12/31/2025 |
| Amount: | \$203,596.44 |
| History/CE: | 1947 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | GHM 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3738 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | NM | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> X |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> X |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| East End Neighborhood House Association | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | NM | OK AC |
| Bid Specification Packet | NM | OK AC |
| Final DEI Goal Setting Worksheet | NM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A AC |
| Award Letter (sent to awarded vendor) | NM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | NM | OK AC |
| Tabulation Sheet | NM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | NM | OK AC |
| IG# 12-1174-REG exp12/31/2023 | NM | OK AC |
| Debarment/Suspension Verified Date: 09.15.2023 | NM | OK AC |
| Auditor’s Finding Date: 09.13.2023 | NM | OK AC |
| Vendor’s Submission | NM | OK AC |
| Independent Contractor (I.C.) Requirement Date: 09.07.2023 | NM | OK AC |
| Cover - <i>Master contracts only</i> | NM | OK AC |
| Contract Evaluation – <i>if required</i> | NM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A AC |
| Checklist Verification | NM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | NM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity Value | Amount |
|-------------------------|-----------------|---------|----------------|---------------------|
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09303 | \$ 63,600.00 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09309 | \$ 19,996.90 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$ 52,971.60 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$ 63,600.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$ 19,996.90 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$ 52,971.60 |
| | | | | |
| | | | TOTAL | \$273,137.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | CM1948 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$250,000.00 | | 01/01/2022-12/31/2023 | 11/22/2022 | R2022-0231 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$273,137.00 | 01/01/24 – 12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$250,000.00 | | | | |

Department of Purchasing – Required Documents Checklist

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PURCHASING USE ONLY

| | |
|--|-----------------------------|
| Prior Resolutions | R2022 – 0231, R2022-0389 |
| CM#: | 3738 |
| Vendor Name: | EAST END NEIGHBORHOOD HOUSE |
| ftp: | 01/01/24 – 12/31/25 |
| Amount: | \$273,137.00 |
| History/CE: | 1948 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

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|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3739 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | NM | <input type="checkbox"/> |

| | | |
|--|------------------------------|-------------------------------|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|-------------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
|---|------------------------------|-------------------------------|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Famicos Foundation, Inc | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | NM | OK AC |
| Bid Specification Packet | NM | OK AC |
| Final DEI Goal Setting Worksheet | NM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | NM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | NM | OK AC |
| Tabulation Sheet | NM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | NM | OK AC |
| IG# 21-0206-REG exp. 12/31/2025 | NM | OK AC |
| Debarment/Suspension Verified Date: 09.21.2023 | NM | OK AC |
| Auditor’s Finding Date: 09.07.2023 | NM | OK AC |
| Vendor’s Submission | NM | OK AC |
| Independent Contractor (I.C.) Requirement Date: 09.15.2023 | NM | OK AC |
| Cover - <i>Master contracts only</i> | NM | OK AC |
| Contract Evaluation – <i>if required</i> | N/A | |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | NM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | NM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$ 46,080.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$ 53,460.00 |
| 01/01/2024 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$ 46,080.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$ 53,460.00 |
| | | | TOTAL | \$199,080.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | | | | |
| New Vendor | | | | | |
| Not on last RFP | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| | | | | | |
| Original Amount | | | | | |
| | Prior Amendment Amounts (list separately) | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$199,080.00 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | | | | | |

PURCHASING USE ONLY

| | |
|-------------------|--------------------|
| Prior Resolutions | N/A |
| CM#: | 3739 |
| Vendor Name: | FAMICOS FOUNDATION |
| ftp: | 01/01/24-12/31/25 |

Department of Purchasing – Required Documents Checklist

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|--|--------------|
| Amount: | \$199,080.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

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|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3740 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | NM | <input type="checkbox"/> |

| | | |
|--|------------------------------|-------------------------------|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|-------------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
|---|------------------------------|-------------------------------|

| FULL AND OPEN COMPETITION | | |
|---|----------------------------|-------------------|
| Formal RFP | | |
| Reviewed by Purchasing | | |
| Harvard Community Center | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | NM | OK AC |
| Bid Specification Packet | NM | OK AC |
| Final DEI Goal Setting Worksheet | NM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | NM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | NM | OK AC |
| Tabulation Sheet | NM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | NM | OK AC |
| IG# 12-1457-REG exp. 12/31/2023 | NM | OK AC |
| Debarment/Suspension Verified Date: 09.21.2023 | NM | OK AC |
| Auditor’s Finding Date: 09.07.2023 | NM | OK AC |
| Vendor’s Submission | NM | OK AC |
| Independent Contractor (I.C.) Requirement Date: 09.19.2023 | NM | OK AC |
| Cover - <i>Master contracts only</i> | NM | OK AC |
| Contract Evaluation – <i>if required</i> | NM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), <i>if required</i> . | N/A | |
| Checklist Verification | NM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | NM |

Department of Purchasing – Required Documents Checklist

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| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$ 45,003.12 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$ 18,550.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$ 37,418.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$ 45,003.12 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$ 18,550.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$ 37,418.00 |
| | | | TOTAL | \$201,942.24 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | PO211956 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | CM1953 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$265,504.00 | | 01/01/2022-12/31/2023 | 11/22/2022 | R2022-0231 |
| | Prior Amendment Amounts (list separately) | \$0.00 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$201,942.24 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$265,504.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

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| | |
|--|-----------------------------------|
| Prior Resolutions | R2022-0231, R2022-0389 |
| CM#: | 3740 |
| Vendor Name: | HARVARD COMMUNITY SERVICES CENTER |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$201,942.24 |
| History/CE: | 1953 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

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|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3741 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | NM | <input type="checkbox"/> |

| | | |
|--|------------------------------|-------------------------------|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
| Why is the contract being submitted late? | N/A | |
| What is being done to prevent this from reoccurring? | N/A | |

| | | |
|---|------------------------------|-------------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> X |
|---|------------------------------|-------------------------------|

| FULL AND OPEN COMPETITION | | | | |
|---|----------------------------|-------|----------------------------|-------------------|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| Jennings Center for Older Adults | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | NM | OK AC |
| Bid Specification Packet | | | NM | OK AC |
| Final DEI Goal Setting Worksheet | | | NM | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | |
| Award Letter (sent to awarded vendor) | | | NM | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | NM | OK AC |
| Tabulation Sheet | | | NM | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | NM | OK AC |
| IG# | 12-1610-REG exp 12/31/2023 | | NM | OK AC |
| Debarment/Suspension Verified | Date: | OK AC | NM | OK AC |
| Auditor’s Finding | Date: | OK AC | NM | OK AC |
| Vendor’s Submission | | | NM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | OK AC | NM | OK AC |
| Cover - <i>Master contracts only</i> | | | NM | OK AC |
| Contract Evaluation – <i>if required</i> | | | NM | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | |
| Checklist Verification | | | NM | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | NM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-------------------------|-----------------|---------|--------------|--------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | \$19,998.16 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09310 | \$7,941.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | \$5,001.08 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | \$4,899.44 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | \$19,998.16 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09310 | \$7,941.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | \$5,001.08 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | \$4,899.44 |
| | | | TOTAL | \$75,679.36 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | | | | |
|---|---|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | PO 211956 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | CM2769 | | | |
| They were not part of last RFP | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$137,105.82 | | 01/01/2022-12/31/2023 | 11/22/2022 | R2022-0231 |
| | Prior Amendment Amounts (list separately) | \$68,552.94 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$75,679.36 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$205,658.76 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

PURCHASING USE ONLY

| | |
|--|----------------------------------|
| Prior Resolutions | R2022-0231, R2022-0389 |
| CM#: | 3741 |
| Vendor Name: | JENNINGS CENTER FOR OLDER ADULTS |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$75,679.36 |
| History/CE: | 2769 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3752 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DLL | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Linking, Employment Abilities and Potential (LEAP) CSSP24 | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | DLL | OK AC |
| Bid Specification Packet | DLL | OK AC |
| Final DEI Goal Setting Worksheet | DLL | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | DLL | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DLL | OK AC |
| Tabulation Sheet | DLL | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DLL | OK AC |
| IG# 12-3395-REG exp 12/31/2023 | DLL | OK AC |
| Debarment/Suspension Verified Date: 9/12/2023 | DLL | OK AC |
| Auditor’s Finding Date: 9/7/2023 | DLL | OK AC |
| Vendor’s Submission | DLL | OK AC |
| Independent Contractor (I.C.) Requirement Date: 9/5/2023 | DLL | OK AC |
| Cover - <i>Master contracts only</i> | DLL | OK AC |
| Contract Evaluation – <i>if required</i> | DLL | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | DLL | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DLL |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Performance Bond, if required per RFP | |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|--------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$30,000.12 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$30,000.12 |
| | | | | | |
| | | | TOTAL | | \$60,000.24 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|--|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 12756 | | | |
| CM Contract# | | 3752 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$50,000.00 | | 1/1/22-12/31/22 | 2/8/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$60,000.24 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Previous Contract Cycle Amount | \$50,000.00 | \$ | | | |

PURCHASING USE ONLY

| | |
|-------------------|---|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3752 |
| Vendor Name: | LINKING EMPLOYMENT, ABILITIES AND POTENTIAL |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$60,000.24 |
| History/CE: | 3752 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3896 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DLL | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Near West Side -May Dugan | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | DLL | OK AC |
| Bid Specification Packet | DLL | OK AC |
| Final DEI Goal Setting Worksheet | DLL | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | DLL | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DLL | OK AC |
| Tabulation Sheet | DLL | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | DLL | OK AC |
| IG# 12-2002-REG exp 12/31/2023 | DLL | OK AC |
| Debarment/Suspension Verified Date: 9/12/2023 | DLL | OK AC |
| Auditor’s Finding Date: OK AC | DLL | OK AC |
| Vendor’s Submission | DLL | OK AC |
| Independent Contractor (I.C.) Requirement Date: 9/13/2023 | DLL | OK AC |
| Cover - <i>Master contracts only</i> | DLL | OK AC |
| Contract Evaluation – <i>if required</i> | DLL | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | DLL | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DLL |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$22,896.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$22,896.00 |
| | | | | | |
| | | | TOTAL | | \$45, 792.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 12756 | | | |
| CM Contract# | | 3753 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$50,000.00 | | 1/1/22- 12/31/23 | 2/8/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$45, 792.00 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$50,000.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|---|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3896 |
| Vendor Name: | Near West Side Multi Service Corporation dba May Dugan Center |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------------------|
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$45,792.00 |
| History/CE: | 3753 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3754 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DLL | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Murtis Taylor | Department initials | Purchasing |
|---|---------------------|--|
| Notice of Intent to Award (sent to all responding vendors) | DLL | GHM |
| Bid Specification Packet | DLL | GHM |
| Final DEI Goal Setting Worksheet | DLL | GHM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DLL | GHM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DLL | GHM |
| Tabulation Sheet | DLL | GHM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DLL | GHM |
| IG# 12-1963-REG exp 12/31/2024 | DLL | Murtis Taylor Human Services System 12-1963- REG 31DEC2024 |
| Debarment/Suspension Verified Date: 9/12/2023 | DLL | GHM |
| Auditor’s Finding Date: 9/7/2023 | DLL | GHM |
| Vendor’s Submission | DLL | GHM |
| Independent Contractor (I.C.) Requirement Date: 9/5/2023 | DLL | GHM |
| Cover - <i>Master contracts only</i> | DLL | GHM |
| Contract Evaluation – <i>if required</i> | DLL | GHM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A |
| Checklist Verification | DLL | GHM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| Reviewed by Law | |
|---------------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | DLL document attached GHM |
| Matrix Law Screen shot | DLL document attached GHM |
| COI | DLL document attached GHM |
| Workers’ Compensation Insurance | DLL document attached GHM |
| Performance Bond, if required per RFP | |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$57,500.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$2,400.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | | \$123,540.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$57,500.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$2,400.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | | \$123,540.00 |
| | | | TOTAL | | \$366,880.00 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|---------------------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | NA | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 12756, this number is the current RQ# | | | |
| CM Contract# | | 3754, this number is current contract | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$815,244.00 | | 1/1/22-12/31/23 | 2/8/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$366,880.00 | 01/01/2024 – 12/31/2025 | | |
| | Total Amendments | \$ | | | |

Department of Purchasing – Required Documents Checklist

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| | | | | | |
|-----------------------------|--------------|--|--|--|--|
| Total Contact Amount | \$815,244.00 | | | | |
|-----------------------------|--------------|--|--|--|--|

PURCHASING USE ONLY

| | | |
|--|-------------------------------------|--|
| Prior Resolutions | R2022-0025, R2022-0389 | |
| CM#: | 3754 | |
| Vendor Name: | Murtis Taylor Human Services System | |
| ftp: | 01/01/2024 – 12/31/2025 | |
| Amount: | \$366,880.00 | |
| History/CE: | N/A | |
| EL: | 3754 | |
| Procurement Notes: | | |
| Purchasing Buyer’s initials and date of approval | GHM 10/25/2023 | |

Department of Purchasing – Required Documents Checklist

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| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3755 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DLL | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Rose Centers for Aging Well, LLC | Department initials | Purchasing |
|---|---------------------|-------------|
| Notice of Intent to Award (sent to all responding vendors) | DLL | EB 10/25/23 |
| Bid Specification Packet | DLL | EB 10/25/23 |
| Final DEI Goal Setting Worksheet | DLL | EB 10/25/23 |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DLL | EB 10/25/23 |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | DLL | EB 10/25/23 |
| Tabulation Sheet | DLL | EB 10/25/23 |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DLL | EB 10/25/23 |
| IG# 15-0225-REG exp 12/31/2023 | DLL | EB 10/25/23 |
| Debarment/Suspension Verified Date: 9/12/2023 | DLL | EB 10/25/23 |
| Auditor’s Finding Date: 9/7/2023 | DLL | EB 10/25/23 |
| Vendor’s Submission | DLL | EB 10/25/23 |
| Independent Contractor (I.C.) Requirement Date: 9/3/2023 | DLL | EB 10/25/23 |
| Cover - <i>Master contracts only</i> | DLL | EB 10/25/23 |
| Contract Evaluation – <i>if required</i> | DLL | EB 10/25/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A |
| Checklist Verification | DLL | EB 10/25/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DLL |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-------------------|
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL, exp 1/1/2024 |
| Performance Bond, if required per RFP | |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$125,476.44 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$59,998.12 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | | \$89,440.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$125,476.44 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$59,998.12 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | | \$89,440.00 |
| | | | TOTAL | | \$549,829.12 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 12756 | | | |
| CM Contract# | | 3755 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$957,686.00 | | 1/1/22-12/31/23 | 2/8/22 | R20220025 |
| | Prior Amendment Amounts (list separately) | \$0 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$957,686.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|-----------------------|
| Prior Resolutions | R20220025, R2022-0389 |
|-------------------|-----------------------|

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|--------------------------------------|
| CM#: | 3755 |
| Vendor Name: | Rose Centers for Aging Well |
| ftp: | 1/1/2022 – 12/31/2023 EXT 12/31/2025 |
| Amount: | \$549,829.12 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | BWC set to expire on 1/1/2024 |
| Purchasing Buyer’s initials and date of approval | EB 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3756 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | DLL | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| |
|--|
| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing |
|--|

| Senior Citizen Resources, Inc. | Department initials | Purchasing |
|---|---------------------|-------------|
| Notice of Intent to Award (sent to all responding vendors) | DLL | EB 10/25/23 |
| Bid Specification Packet | DLL | EB 10/25/23 |
| Final DEI Goal Setting Worksheet | DLL | EB 10/25/23 |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DLL | EB 10/25/23 |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Tabulation Sheet | DLL | EB 10/25/23 |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DLL | EB 10/25/23 |
| IG# 20-0319-REG exp 12/31/2024 | DLL | EB 10/25/23 |
| Debarment/Suspension Verified Date: 9/12/2023 | DLL | EB 10/25/23 |
| Auditor’s Finding Date: 9/7/2023 | DLL | EB 10/25/23 |
| Vendor’s Submission | DLL | EB 10/25/23 |
| Independent Contractor (I.C.) Requirement Date: 9/5/2023 | DLL | EB 10/25/23 |
| Cover - <i>Master contracts only</i> | DLL | EB 10/25/23 |
| Contract Evaluation – <i>if required</i> | DLL | EB 10/25/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | N/A |
| Checklist Verification | DLL | EB 10/25/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| | |
|---------------------------------|----------------------------|
| Reviewed by Law | |
| | Department initials |
| Agreement/Contract and Exhibits | DLL |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Performance Bond, if required per RFP | |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Account Category or Subaccount | Amount |
|-------------------------|-----------------|---------|--------------|--------------------------------|---------------------|
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09303 | | \$75,000.00 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09309 | | \$60,000.75 |
| 01/01/2024 – 12/31/2024 | HS260265 | 56110 | UCH09304 | | \$19,681.20 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09303 | | \$75,00.00 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09309 | | \$60,000.75 |
| 01/01/2025 – 12/31/2025 | HS260265 | 56110 | UCH09304 | | \$19,681.20 |
| | | | TOTAL | | \$309,363.90 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | 12756 | | | |
| CM Contract# | | 3756 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$493,042.00 | | 1/1/22-12/31/23 | 2/8/22 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 7/1/22-12/31/23 | 11/22/22 | R2022-0389 |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$493,042.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|---|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3756 |
| Vendor Name: | Senior Citizen Resources Inc. |
| ftp: | 1/1/2022 – 12/31/2023 EXT 12/31/2025 |
| Amount: | \$309,363.90 |
| History/CE: | ok |
| EL: | ok |
| Procurement Notes: | COI umbrella liability insurance exp 6/1/2023 |
| Purchasing Buyer’s initials and date of approval | EB 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3721 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | |
|---|---------|---------|----------------------------|
| Formal RFP | | | |
| Reviewed by Purchasing | | | |
| Senior Transportation Connection | | | Department initials |
| | | | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | JW |
| Bid Specification Packet | | | JW |
| Final DEI Goal Setting Worksheet | | | JW |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A |
| Award Letter (sent to awarded vendor) | | | JW |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | JW |
| Tabulation Sheet | | | JW |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW |
| IG# | 20-0277 | | JW |
| Debarment/Suspension Verified | Date: | 9/12/23 | JW |
| Auditor’s Finding | Date: | 9/6/23 | JW |
| Vendor’s Submission | | | JW |
| Independent Contractor (I.C.) Requirement | Date: | 9/15/23 | JW |
| Cover - <i>Master contracts only</i> | | | JW |
| Contract Evaluation – <i>if required</i> | | | JW |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A |
| Checklist Verification | | | JW |
| | | | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|---------------------|-----------------|---------|--------------|---------------------|
| 1/1/2024-12/31/2024 | HS260265 | 56110 | UCH09309 | \$200,015.34 |
| 1/1/2025-12/31/2025 | HS260265 | 56110 | UCH09309 | \$200,015.34 |
| | | | | |
| | | | TOTAL | \$400,030.68 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211346 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1961 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$400,000.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 01/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$0 | | | |
| Total Contact Amount | \$400,000.00 | | | | |

PURCHASING USE ONLY

| | |
|-------------------|----------------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3721 |
| Vendor Name: | SENIOR TRANSPORTATION CONNECTION |
| ftp: | 01/01/24 – 12/31/25 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|---------------------|
| Amount: | \$400,030.68 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 10/25/23 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3730 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | | |
|---|-----------------------|---------|----------------------------|--|
| Formal RFP | | | | |
| Reviewed by Purchasing | | | | |
| The Phillis Wheatley Association | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | JW | OK AJ 10/25/2023 |
| Bid Specification Packet | | | JW | OK AJ 10/25/2023 |
| Final DEI Goal Setting Worksheet | | | JW | OK AJ 10/25/2023 |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | n/a |
| Award Letter (sent to awarded vendor) | | | JW | OK AJ 10/25/2023 |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | JW | OK AJ 10/25/2023 |
| Tabulation Sheet | | | JW | OK AJ 10/25/2023 |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW | OK AJ 10/25/2023 |
| IG# | 23-0279-REG 31DEC2027 | | JW | OK AJ 10/25/2023 |
| Debarment/Suspension Verified | Date: | 9/12/23 | JW | OK AJ 10/25/2023 dated within 60 days |
| Auditor’s Finding | Date: | 9/6/23 | JW | OK AJ 10/25/2023 dated within 60 days |
| Vendor’s Submission | | | JW | OK AJ 10/25/2023 |
| Independent Contractor (I.C.) Requirement | Date: | 9/19/23 | JW | OK AJ 10/25/2023 dated within 1 year |
| Cover - <i>Master contracts only</i> | | | JW | OK AJ 10/25/2023 |
| Contract Evaluation – <i>if required</i> | | | JW | OK AJ 10/25/2023 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | n/a |
| Checklist Verification | | | JW | OK AJ 10/25/2023 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| Reviewed by Law | |
|---------------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers' Compensation Insurance | JW |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-----------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09304 | \$50,003.38 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09304 | \$50,003.38 |
| | | | TOTAL | \$100,006.76 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|--------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211952 | | | |
| Lawson RQ# (if applicable) | | 6690 and 8713 (reissued) | | | |
| CM Contract# | | 2775 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount-Added through amendment | \$109,696.00 | | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | Prior Amendment Amounts (list separately) | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$109,696.00 | | | | |

PURCHASING USE ONLY

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Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

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| | |
|--|----------------------------------|
| Prior Resolutions | R2022-0389 |
| CM#: | 3730 |
| Vendor Name: | The Phillis Wheatley Association |
| ftp: | 01/01/2024 – 12/31/2025 |
| Amount: | \$100,006.76 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | Buyer Review Completed |
| Purchasing Buyer’s initials and date of approval | AJ 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3726 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION | | | |
|---|---------------|---------------------|------------|
| Formal RFP | | | |
| Reviewed by Purchasing | | | |
| The Salvation Army | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | JW | OK AC |
| Bid Specification Packet | | JW | OK AC |
| Final DEI Goal Setting Worksheet | | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | | N/A | |
| Award Letter (sent to awarded vendor) | | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | JW | OK AC |
| Tabulation Sheet | | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | JW | OK AC |
| IG# | 12-2752 | JW | OK AC |
| Debarment/Suspension Verified | Date: 9/12/23 | JW | OK AC |
| Auditor’s Finding | Date: 9/6/23 | JW | OK AC |
| Vendor’s Submission | | JW | OK AC |
| Independent Contractor (I.C.) Requirement | Date: 9/6/23 | JW | OK AC |
| Cover - <i>Master contracts only</i> | | JW | OK AC |
| Contract Evaluation – <i>if required</i> | | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | N/A | |
| Checklist Verification | | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---------------------------------|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-----------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09303 | \$28,620.00 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09309 | \$13,829.60 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09304 | \$16,661.00 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09303 | \$28,620.00 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09309 | \$13,829.60 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09304 | \$16,661.00 |
| | | | TOTAL | \$118,221.20 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | | | | |
|--|---|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | 211341 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1959 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$242,302.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$118,221.20 | 01/01/24-12/31/25 | | |
| | Total Amendments | \$ | | | |
| Total Contact Amount | \$242,302.00 | | | | |

PURCHASING USE ONLY

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Revised 7/28/2022

Department of Purchasing – Required Documents Checklist

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| | |
|--|--------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3726 |
| Vendor Name: | THE SALVATION ARMY |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$118,221.20 |
| History/CE: | 1959 |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer's initials and date of approval | 10/25/2023 |

Department of Purchasing – Required Documents Checklist

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|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3727 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing

| University Settlement | Department initials | Purchasing |
|---|---------------------|------------|
| Notice of Intent to Award (sent to all responding vendors) | JW | OK AC |
| Bid Specification Packet | JW | OK AC |
| Final DEI Goal Setting Worksheet | JW | OK AC |
| Diversity Documents – <i>if required (goal set)</i> | N/A | |
| Award Letter (sent to awarded vendor) | JW | OK AC |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | JW | OK AC |
| Tabulation Sheet | JW | OK AC |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | JW | OK AC |
| IG# 12-2872 | JW | OK AC |
| Debarment/Suspension Verified Date: 9/12/23 | JW | OK AC |
| Auditor’s Finding Date: 9/6/23 | JW | OK AC |
| Vendor’s Submission | JW | OK AC |
| Independent Contractor (I.C.) Requirement Date: 9/11/23 | JW | OK AC |
| Cover - <i>Master contracts only</i> | JW | OK AC |
| Contract Evaluation – <i>if required</i> | JW | OK AC |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | |
| Checklist Verification | JW | OK AC |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law

| | |
|---------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---------------------------------------|-----|
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-----------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09303 | \$69,999.80 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09309 | \$15,003.24 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09304 | \$19,996.90 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09303 | \$69,999.80 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09309 | \$15,003.24 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09304 | \$19,996.90 |
| | | | TOTAL | \$209,999.88 |

CONTRACT HISTORY (to be completed by department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|------------------|--|---------------|------------|
| Infor/Lawson PO# and PO Code (if applicable) | | 211342 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1962 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$295,978.00 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| Prior Amendment Amounts (list separately) | \$ | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | \$ | | | | |
| Pending Amendment | \$209,999.88 | \$209,999.88 | 01/01/24-12/31/25 | | |
| Total Amendments | \$ | \$ | | | |
| Total Contact Amount | \$295,978.00 | | | | |

PURCHASING USE ONLY

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|----------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3727 |
| Vendor Name: | UNIVERSITY SETTLEMENT, INC |
| ftp: | 01/01/24-12/31/25 |
| Amount: | \$209,999.88 |
| History/CE: | 1962 |
| EL: | |
| Procurement Notes: | OK |
| Purchasing Buyer's initials and date of approval | AC 10/25/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12756 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 4491 |
| CM Contract# | 3728 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | JW | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| FULL AND OPEN COMPETITION Formal RFP Reviewed by Purchasing | | | | |
|---|-----------------------|---------|---------------------|--|
| West Side Community House | | | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | | | JW | OK AJ 10/25/2023 |
| Bid Specification Packet | | | JW | OK AJ 10/25/2023 |
| Final DEI Goal Setting Worksheet | | | JW | OK AJ 10/25/2023 |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | n/a |
| Award Letter (sent to awarded vendor) | | | JW | OK AJ 10/25/2023 |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | JW | OK AJ 10/25/2023 |
| Tabulation Sheet | | | JW | OK AJ 10/25/2023 |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | | | JW | OK AJ 10/25/2023 |
| IG# | 12-2980-REG 31DEC2023 | | JW | OK AJ 10/25/2023 |
| Debarment/Suspension Verified | Date: | 9/12/23 | JW | OK AJ 10/25/2023 dated within 60 days |
| Auditor’s Finding | Date: | 9/6/23 | JW | OK AJ 10/25/2023 dated within 60 days |
| Vendor’s Submission | | | JW | OK AJ 10/25/2023 |
| Independent Contractor (I.C.) Requirement | Date: | 9/7/23 | JW | OK AJ 10/25/2023 dated within 1 year |
| Cover - <i>Master contracts only</i> | | | JW | OK AJ 10/25/2023 |
| Contract Evaluation – <i>if required</i> | | | JW | OK AJ 10/25/2023 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | n/a |
| Checklist Verification | | | JW | OK AJ 10/25/2023 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| Reviewed by Law | |
|---------------------------------------|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | JW |
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Performance Bond, if required per RFP | N/A |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account | Activity | Amount |
|-----------------------|-----------------|---------|--------------|---------------------|
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09303 | \$89,040.00 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09309 | \$26,712.00 |
| 01/01/2024-12/31/2024 | HS260265 | 56110 | UCH09304 | \$48,834.22 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09303 | \$89,040.00 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09309 | \$26,712.00 |
| 01/01/2025-12/31/2025 | HS260265 | 56110 | UCH09304 | \$48,834.22 |
| | | | TOTAL | \$329,172.44 |

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|--|----------------------|-------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | 211347 | | | |
| Lawson RQ# (if applicable) | | 6690 | | | |
| CM Contract# | | 1964 | | | |
| | Original Amount | Amendment Amount | Original Time Period & End Date/ Amended End Date | Approval Date | Approval # |
| Original Amount | \$417,997.50 | | 01/01/2022-12/31/2023 | 02/08/2022 | R2022-0025 |
| | Prior Amendment Amounts (list separately) | \$0 | 07/01/2022-12/31/2023 | 11/22/2022 | R2022-0389 |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$ | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | | | | | |
|-----------------------------|---------------------|--|--|--|--|
| Total Contact Amount | \$417,997.50 | | | | |
|-----------------------------|---------------------|--|--|--|--|

PURCHASING USE ONLY

| | |
|--|---------------------------|
| Prior Resolutions | R2022-0025, R2022-0389 |
| CM#: | 3728 |
| Vendor Name: | West Side Community House |
| ftp: | 01/01/2024 – 12/31/2025 |
| Amount: | \$329,172.44 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | Buyer Review Completed |
| Purchasing Buyer’s initials and date of approval | AJ 10/25/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Catholic Charities Corporation – Fatima Family Center | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211326 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development and meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Catholic Charities Corporation – Hispanic Senior Center | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211325 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, transportation and outreach services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Catholic Charities Corporation – St. Martin De Porres | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211327 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | City of Bedford | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211329 211955 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | City of Berea | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1939 PO#: 211330 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/20/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The City of Euclid | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1940 PO#: 211331 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/20/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The City of Lakewood | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1946 PO#: 211485 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/20/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The City of Maple Heights | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1941 PO#: 211332 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/20/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The City of Olmsted Falls | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1942 PO#: 211333 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/20/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | City of Parma Heights | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3751 PO#211951 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | City of Solon | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3743 PO#211334 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development Services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | City of Strongsville | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3744 PO#210294 PO#200054 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Cleveland Clergy Alliance | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3745 PO# 211344 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Community Partnership on Aging | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3746 PO# 211335 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | East End Neighborhood House Association | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1948-211336 CM 3738 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

HaCONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Harvard Community Center | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 1953/211345 CM 3740 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Jennings Center for Older Adults | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 2769/211956 CM 3741 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Linking Employment, Abilities and Potential (LEAP) | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211338 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | Services provided during Covid and data would not be reflective or supportive of the implied performance requirements. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Murtis Taylor | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211438 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, transportation, and meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Rose Centers For Aging Well | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211492 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, transportation, and meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 09/18/2023 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Senior Citizen Resources | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 211439 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, transportation, and meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Senior Transportation Connection | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO #: 211346 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Senior Transportation Connection will provide transportation services. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | Services provided during Covid and data would not be reflective or supportive of the implied performance requirements. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 09/18/2023 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The Phillis Wheatley Association | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO #: 211952 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | | X | |
| Justification of Rating | Phillis Wheatley did not provide services during 2023 | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | The Salvation Army | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO #: 211341 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | University Settlement | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO #: 211342 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals, and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | West Side Community House | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO #: 211347 | | | | |
| RQ# | 6690 | | | | |
| Time Period of Original Contract | 7/1/2022 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing services for their Community Social Services Programs (CSSP) to seniors and disabled individuals 18-59 years of age throughout Cuyahoga County. | | | | |
| Service Description | Providing Adult Development, meals and transportation services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | N/A see response below | | | | |
| Actual Performance versus performance indicators (include statistics): | services provided during Covid and data would not be reflective or supportive of the implied performance requirements”. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Please see above response as all providers were providing services to the best of their ability considering the centers being closed and their continued efforts in attempting to restore their operations to pre-covid standards | | | | |
| Department Contact | Daphne R. James daphne.kelker@jfs.ohio.gov 216-698-4731 13815 Kinsman Rd, Cleveland Ohio 44120 | | | | |
| User Department | Cuyahoga County Division of Senior and Adult Services | | | | |
| Date | 9/18/23 | | | | |



Manuel R. Cross

10.19.2023

Department of Purchasing Tabulation Sheet

| | | |
|---|---|--|
| REQUISITION NUMBER: 12756/Event #4491 | TYPE: (RFB/RFP/RFQ): RFP | ESTIMATE: \$3,269,175.00 |
| CONTRACT PERIOD: | RFB/RFP/RFQ DUE DATE: 7/17/2023 | NUMBER OF RESPONSES (issued/submitted): 118/34 |
| REQUESTING DEPARTMENT: Division of Senior & Adult Services | COMMODITY DESCRIPTION: 2024 Community Social Services Prog (CSSP) | |
| DIVERSITY GOAL/SBE 20% | DIVERSITY GOAL/MBE 0% | DIVERSITY GOAL/WBE 0% |
| Does CCBB Apply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No-N/A the procurement method was RFP or RFQ, JW 8/1/2023 | CCBB: Low Non-CCBB Bid \$: N/A | Add 2%, Total is: N/A |
| Does CCBEIP Apply: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A the procurement method was RFP or RFQ, JW 8/1/2023 | CCBEIP: Low Non-CCBEIP Bid \$: N/A | Add 2%, Total is: N/A |
| *PRICE PREFERENCE LOWEST BID REC'D \$ N/A | RANGE OF LOWEST BID REC'D \$ N/A | Minus \$, = |
| PRICE PREF % & \$ LIMIT: \$ N/A | MAX SBE/MBE/WBE PRICE PREF \$ N/A | DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Revised Diversity Review Completed: LL 10/19/2023

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 1 Ashbury Senior Computer Community Center 11011 Ashbury Avenue Cleveland OH 44106 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 22-0143-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SBE / MBE / WBE Subcontractor Name(s): No subcontractors used. SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 2, No DIV 3. SS 07/24/2023 signed div-1 form only form provided by vendor, JW 7/28/2023 No Div-3 Forms submitted. Insufficient Good Faith Effort documentation. LL 8/3/2023 DIV 2 received, but not filled out. DIV 3 received, but full or partial waiver was | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: Buyer Initials | Price Preference | CCBB / CGBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ _AC_____ | | | not selected. Proof of 501 © 3 submitted. -SS 10/10/2023 JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

| | | | | | | | | |
|--|--------------------------|---|--|--|--|--|----------------------------|--|
| Bidder's / Vendor's Name and Address 2 Bedford City of 165 Center Road Bedford OH 44146 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors used or contacted. SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No DIV-3 1 of 2 SS 07/24/2023 Signed Div-1, Div-2 per vendor "n/a seeking participation exemption. See attached table for the list of our potential qualified contractors who may or may not be county certified sbe/mbe/wbe". No attached table found in proposal. JW 7/28/2023 No Diversity Forms. Prime | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--------------------------|---|--|--|--|--|----------------------------|--|

Transaction ID:

| Bidder's / Vendor s Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrativ e Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) |
|--|---------------------------|---|--|---------------------|--------------------------------|---|-------------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | Vendor is a political subdivision/non-profit entity. LL 8/3/2023 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> | | |

Transaction ID:

| | | | | | | | | | |
|-------------------------------------|---|------------------|---|---|------------------|--|--|--|---------------|
| Bidder's / Vendors Name and Address | 3 Berea City of 11 Berea Common s Berea OH 44017 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: N/A NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | No subcontractors <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 | | | | | |
| | | | | SBE/MBE/WBE Comments and Initials: No DIV 1 No DIV 2 No DIV 3 SS 07/24/2023 Per vendor proposal table of contents #11 is good faith effort certification, none found. No diversity forms found. | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|--|------------------|--------------------------|--|------------------------|---------------|
| | | | CCBEIP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | JW 7/28/2023 No Diversity Forms – Need DIV-1 Covenant of Non-discrimination - Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 2023 DIV 1 received. –SS 10/10/2023 Div-1 provided, no div-2 or div-3 provided, JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

| | | | | | | | | |
|--|-----------------------|---|--|---|--|---|-------------------------|---|
| Bidder's / Vendors Name and Address 4 Cleveland Clergy Alliance 3130 Eastwick Dr Cleveland Heights OH 44118 | Bid Bond / Check / | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 19-0005-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No DIV 3 SS 07/24/2023 div-1 signed, div-2 signed at top by vendor, bottom not filled out. No good faith effort div-3 provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Dept. Tech. Review / | Award : (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-----------------------|---|--|---|--|---|-------------------------|---|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check Amount | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|-------------------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 5 Community Partnership on Aging 1370 Victory Dr South Euclid OH 44121 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0146-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 1 Incomplete DIV 2. Full waiver requested due to not receiving a response and not finding a vendor that is an exercise, yoga, dance instructor (Emails attached). - SS 07/24/2023 No Div-1 provided, div-2 not filled out, full waiver requested, subs contacted by compliance officer for follow-up, message | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | left for helping hands and ride-medi. Brenda with wind beneath my wings not aware of who contacted her about possible subcontracting. Supporting documentation provided. JW 7/28/2023 Covenant of Non-discrimination. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 DIV 1 received. -SS 10/10/2023 JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

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|-------------------------------------|---|---|------------------|---|---|--|--|--|---------------|
| Bidder's / Vendors Name and Address | 6 Donna Smallwood Activities Center 7010 Powers Blvd Parma OH 44129 | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Bid Bond / Check | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p>Subcontractor Name(s): No subcontractors</p> <p>SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No</p> <p>Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u></p> <p>SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023</p> <p>SBE/MBE/WBE Comments and Initials: No DIV 3 page 2 of 2. SS 07/24/2023 Signed div-1, vendor did not specify full waiver, no good faith effort supporting documentation provided, div-3 page 2 not documented, JW 7/28/2023 Insufficient documentation of good faith effort to achieve the diversity goals. LL 8/3/2023</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | DIV-1 received, DIV-2 received, DIV-3 page 1 of 2 received, full/partial waiver not selected. -SS 10/18/2023 Prime vendor is a municipality, JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

| Bidder's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|--|--------------------|--|
| 7 Dynamics Global Financial Network Inc 3100 East 45 th St #222 Cleveland OH 44111 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Subcontractor Name(s): Dynamics Global Financial Network, Inc. SBE/MBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No DIV 2 for Dynamic Global Financial Network Inc. s.s 7/24/2023 div-1 has typed signature not original, no div-2 for prime vendor who is county certified as SBE/MBE. Div-2 provided for Safeway Medical Transportation & Professional Inc, DBA: Dominion Home Healthcare Agency SBE/MBE certified, | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

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|---|---------------------------|---|--|---------------------|--------------------------------|---|-------------------------------|---------------------|--|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ____AC_____ | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) | |
| | | | | | | this company is owned by Prime. Prime vendors are PROHIBITED from using SBE/MBE/WBE(s) with whom the prime vendor has a familial relationship, joint or co-ownership, common partners, officers, or a shareholder relationship to meet the SBE/MBE/WBE Participation Goals. Hence, on Cuyahoga County projects/contracts, any portion of work subcontracted to an SBE/MBE/WBE vendor by a prime vendor that meets the above-mentioned criteria will NOT count towards the achievement of the established SBE/MBE/WBE Participation Goals. Prime given credit for SBE goal, JW 7/28/2023 LL 8/3/2023 | | | |

Transaction ID:

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|-------------------------------------|---|------------------|---|---|------------------|---|---|---|---------------|
| Bidder's / Vendors Name and Address | 8 East End Neighborhood House 2749 Woodhill Rd Cleveland OH 44104 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-1174-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV 2 not completed No DIV 3- SS 07/24/2023. Signed div-1 provided, no other supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u> </u> AC <u> </u> | | | | | |

Transaction ID:

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|--|------------------|---|---|--|--|--|--------------------|---|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| 9 Euclid City of Senior Program S 585 East 222 nd St Euclid OH 44123-2099 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No subcontractors <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | Total % SBE/MBE/WBE Comply: (Y/N) | | |
| | | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | | | SBE/MBE/WBE Comments and Initials: | | |
| | | | | | | Full waiver requested due to being a municipality. -SS 07/24/2023 div-1 signed, div-3 full waiver requested, supporting documentation found including letter to dir. Of purchasing mentioning city of Euclid as municipality. JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

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|---|-------------------------------------|---|---|---------------------|--------------------------------|--|--------------------------|---------------------|
| Bidder's / Vendors Name and Address | Bid Bond / Check Amount | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: __AC__ | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
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Transaction ID:

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|---|-------------------------|---|---|---|---------------------------------|--|---------------------------|--|--|
| Bidder's / Vendors Name and Address 1 Fatima Family Ctr - Catholic Charities Corp 7911 Detroit Ave Cleveland OH 44102 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | |
| | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Subcontractor Name(s): No subcontractors | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | |
| | | IG Number: 12-0756-REG | | | | Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % | | | |
| | | NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No | | | |
| | | PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | SBE/MBE/WBE Comments and Initials: Incomplete DIV 1. Did not select if full or partial waiver is requested on DIV 3. Waiver requested due to being a non-profit agency. -SS 07/24/2023 vendor did not specify full waiver, no good faith effort supporting documentation provided JW 7/28/2023 | | | |
| | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | | | |
| | | CCBEIP: <input type="checkbox"/> Yes | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|---|------------------|--------------------------|--|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

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|--|------------------|---|---|--|--|---|--------------------|---|--|
| Bidder's / Vendors Name and Address 1 Famicos Foundation Inc 1325 Ansel Rd Cleveland OH 44106 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | |
| Subcontractor Name(s): No subcontractors | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | Total % SBE: 0% MBE: 0% WBE: 0% | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No | | SBE/MBE/WBE Comments and Initials: No DIV 2 No DIV 3. -SS 07/24/2023 div-1 provided, no other diversity forms provided, or waiver requested for non-profit, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ _AC_____ | | | | | |

Transaction ID:

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|--|------------------|---|--|--|--|--|---|
| Bidder's / Vendors Name and Address 1 Good Shepherd Family Center 7911 Detroit Ave Cleveland OH 44102 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-0766-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Incomplete DIV 1. Did not select if full or partial waiver is requested on DIV 3. -SS 07/24/2023 Incomplete div-1 provided, prime vendor provided same diversity forms as Fatima Family Ctr -- Catholic Charities Corp. no supporting documentation provided for waiver for non-profit agency, JW | Dept. Tech. Review Award : (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | 7/28/2023. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|---|--------------------|--|
| 1 Harvard Community Service Center 18240 Harvard Ave Cleveland OH 44128 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-1457-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No subcontractors Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Full waiver requested, 501(c) (3) documentation attached. -SS 07/24/2023 JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CGBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|------------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

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|--|------------------|---------------------------------------|--|--|--|--|--------------------|-------------|
| Bidder's Name and Address 1 Hispanic Senior Ctr - Catholic Charities Corp 7911 Detroit Ave Cleveland OH 44102 | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-0766-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award (Y/N) |
| Subcontractor Name(s): No subcontractors | | | | | | | | |
| SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | | | | | | |
| Total % SBE: 0% MBE: 0% WBE: 0% | | | | | | | | |
| SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No | | | | | | | | |
| SBE/MBE/WBE Comments and Initials: Incomplete DIV 1. Did not select if full or partial waiver requested on DIV 3, documentation provided. DIV 3 notary is illegible. -SS 07/24/2023 Incomplete div-1 provided, prime vendor provided same diversity forms as Fatima Family Ctr - Catholic Charities Corp. and Good Shepherd Family Center, prime | | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|-------------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC___ | | | provided supporting documentation for 501(c) for this business, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

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|--|--------------------------|---|--|--|--|---|--------------------|---|
| Bidder's / Vendors Name and Address 1 Jennings Center for Older Adults 10204 Granger Rd Garfield Hts OH 44125 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-1610-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 1, No DIV 2, No DIV 3 submitted. – SS 07/24/2023 No diversity forms provided, JW 7/28/2023 No Div-1 Covenant of Non-discrimination – must be completed and submitted. LL 8/3/2023 DIV 1 received. DIV 2 received. DIV 3 completed; full waiver requested due to | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--------------------------|---|--|--|--|---|--------------------|---|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|------------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | being a non-profit agency. Proof of 501 © 3 received. SS 10/12/2023 JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

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|-------------------------------------|---|------------------|---|---|--|--|---|--------------------|---------------|
| Bidder's / Vendors Name and Address | 1 Lakewood City of 12525 Lake Ave Lakewood OH 44107 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Subcontractor Name(s): No subcontractors | | |
| | | | | IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | |
| | | | | IG Number: | | | Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | |
| | | | | NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes 8/3/2023 <input type="checkbox"/> No | | |
| | | | | PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | SBE/MBE/WBE Comments and Initials: Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 Signed div-1 provided no div-2, div -3 requested, did not specify full or partial waiver, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |
| | | | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | | |
| | | | | CCBEIP: <input type="checkbox"/> Yes | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | <div style="background-color: #cccccc; width: 100%; height: 100%;"></div> | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 1 Linking Employment, Abilities and Potential (LEAP) 25458 Lorain Ave Cleveland OH 44113 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-3395-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 1. Did not select if full or partial waiver is requested on DIV 3, documentation attached. -SS 07/25/2023 No div-1 or div-2, requesting full waiver due to being non-profit agency, provided supporting documentation, JW 7/28/2023 DIV 1 received. -SS 10/10/2023 JW 10/18/2023 LL 10/19/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

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|-------------------------------------|------------------|---|--|------------------|--------------------------|---|------------------------|---------------|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ _AC | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
| | | | | | | Missing Div-1 Covenant of non-discrimination – must be completed/signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

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|---|--------------------------|---|--|--|--|--|----------------------------|--|
| Bidder's / Vendor's Name and Address 1 Maple Heights City of 15901 Libby Road Maple Hts OH 44137 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Full waiver requested due to being a municipality. -SS 07/25/2023 No supporting documentation provided for div-3, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Transaction ID:

| Bidder's / Vendor s Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _AC_____ | | | | | |

Transaction ID:

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|--|-----------------------|---|--|--|--|--|--------------------|--|
| Bidder's / Vendors Name and Address 1 Murtis Taylor Human Services System 13422 Kinsman Rd Cleveland OH 44120 | Bid Bond / Check / | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-1963-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 Vendor requesting waiver due to being non-profit agency, did not specify on div-3 for full or partial waiver no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-----------------------|---|--|--|--|--|--------------------|--|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|---|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _AC_ | | | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | |

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| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| 21 Near West Side Multi-Service Corp dba May Dugan 4115 Bridge Ave Cleveland OH 44113 | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-2002-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No | Full waiver requested due to being a non-profit agency, documentation attached. - SS 07/25/2023 JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC___ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|--|--|---|--------------------|---|
| 2 Olmsted Falls City of 26100 Bagley Rd Olmsted Falls OH 44138 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No subcontractors Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Full waiver requested due to being a government municipality. -SS 07/25/2023 No supporting documentation provided to support government municipality, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC___ | | | | | |

Transaction ID:

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|---|------------------|---|--|---|--|---|--------------------|--|
| Bidder's / Vendors Name and Address 21 Parma Commission on Aging 7010 Powers Blvd Parma OH 44129 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: _____ NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CCBB / CCBEIP Registered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 1, DIV 2, DIV 3 submitted. -SS 07/25/2023 JW 7/28/2023 Missing Div-1 Covenant of Non-discrimination – need to be completed and signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Dept. Tech. Review | Award : (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|------------------|---|--|---|--|---|--------------------|--|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|------------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ _AC_____ | | | | | |

Transaction ID:

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|--|--|--|---|--|---|--------------------|---------------|--|
| Bidder's / Vendor's Name and Address 2 Parma Heights City of 6281 Pearl Rd Parma OH 44130 | Bid Bond / Check Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | |
| | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: | | | Subcontractor Name(s): No subcontractors | | | |
| | | NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | |
| | | | | Total % SBE: <u>0 %</u> MBE: <u>0 %</u> WBE: <u>0 %</u> | | | | |
| | | | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No | | | | |
| | | | | SBE/MBE/WBE Comments and Initials: No DIV 2, DIV 3 submitted. -SS 07/25/2023 JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | | | |

Transaction ID:

| Bidder's / Vendor s Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC_____ | | | | | |

Transaction ID:

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|-------------------------------------|---|------------------|---|--|------------------|--|--|--------------------|---------------|
| Bidder's / Vendors Name and Address | 2 Phillis Wheatley Association 4450 Cedars Ave Unit #1 Cleveland OH 44103 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 No DIV 1, No DIV 2, DIV 3 submitted. -SS 07/25/2023 JW 7/28/2023 Missing Div-1 Covenant of Non-Discrimination – needs to be completed/signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 LL 10/19/2023 | | | |
| | | | | Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/3/2023 SBE/MBE/WBE Comments and Initials: No DIV 1, No DIV 2, DIV 3 submitted. -SS 07/25/2023 JW 7/28/2023 Missing Div-1 Covenant of Non-Discrimination – needs to be completed/signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 LL 10/19/2023 | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | DIV 1 received. DIV 2, DIV 3 received, but not filled out., "waive- nonprofit" handwritten -SS 10/11/2023 Diversity forms provided, verified state of ohio business search prime vendor is non-profit, JW 10/19/2023 | | |

Transaction ID:

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|--|------------------|---|---|---|--|---|--------------------|--|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| 2 Rose Centers for Aging Well 11890 Fairhill Rd Cleveland OH 44120 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 22-0200-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 div-1 and div-3 provided, per div-3 vendor states " we only contract out our transportation service. There is only one transportation service in Cleveland that specializes in transport for older adults and those with disabilities. They are not | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | SBE MBE or WBE. We are a non-profit and are requesting a full waiver." JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | | |

Transaction ID:

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|--|--------------------------|---|--|---|--|---|---|
| Bidder's / Vendors Name and Address 2 Salvation Army 17625 Lorain Ave Cleveland OH 44111 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors used SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/3/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Full waiver requested. -SS 07/25/2023 Per vendor they do not subcontract this work, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/3/2023 | Dept. Tech. Review Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Chec k | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrativ e Review: OPD Buyer Initials <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _AC_____ | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) |
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|--|--|---|---|--|--|---|------------------------|-------------------|--------------------------|---|---------|--|---------------------------|--|------------------------------------|--|--|---|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | | | | | | | | | | |
| 2 Senior Citizen Resources 3100 Devonshire Rd Cleveland OH 44109 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 20-0319 REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <table border="1"> <tr> <td data-bbox="381 863 609 1081">Subcontractor Name(s):</td> <td data-bbox="609 863 1385 1081">No subcontractors</td> </tr> <tr> <td data-bbox="381 787 609 863">SBE/MBE/WBE Prime: (Y/N)</td> <td data-bbox="609 787 1385 863"><input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No</td> </tr> <tr> <td data-bbox="381 644 609 787">Total %</td> <td data-bbox="609 644 1385 787">SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u></td> </tr> <tr> <td data-bbox="381 501 609 644">SBE/MBE/WBE Comply: (Y/N)</td> <td data-bbox="609 501 1385 644"><input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="381 373 609 501">SBE/MBE/WBE Comments and Initials:</td> <td data-bbox="609 373 1385 501">Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 div-1 completed, requesting full waiver due to non profit agency, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023</td> </tr> </table> | Subcontractor Name(s): | No subcontractors | SBE/MBE/WBE Prime: (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | Total % | SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | SBE/MBE/WBE Comply: (Y/N) | <input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No | SBE/MBE/WBE Comments and Initials: | Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 div-1 completed, requesting full waiver due to non profit agency, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Subcontractor Name(s): | No subcontractors | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Prime: (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Total % | SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Comply: (Y/N) | <input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Comments and Initials: | Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 div-1 completed, requesting full waiver due to non profit agency, no supporting documentation provided, JW 7/28/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 | | | | | | | | | | | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Technical Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|------------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | | | |

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|---|------------------|--|--|--|--------------------------|--|--------------------|--|--|
| Bidder's / Vendors Name and Address 2 Senior Transportation Connection 4735 West 150 th St Ste A Cleveland OH 44135 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | |
| | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Subcontractor Name(s): No subcontractors | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | |
| | | IG Number: 20-0277-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | | |
| | | PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No | | | |
| | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | SBE/MBE/WBE Comments and Initials: Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 Prime vendor requesting full waiver per they are a non profit agency, no supporting documentation provided. JW 8/1/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 | | | |
| | | CCBEIP: <input type="checkbox"/> Yes | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

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|---|------------------|---|---|---|--|--|--------------|---------------|
| Bidder's / Vendors Name and Address 2 Solon City of Department of Senior Services 35000 Portz Parkway Solon OH 44139 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE | Dept. Review | Award : (Y/N) |
| Subcontractor Name(s): No subcontractors | | | | | | | | |
| SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | | | | | | |
| Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | | | | | | | |
| SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No | | | | | | | | |
| SBE/MBE/WBE Comments and Initials: Full waiver requested due to being a municipality. -SS 07/25/2023 Prime vendor added selection to div-2 form.. "boxed checked that says Municipality Government" full waiver requested, no supporting documentation provided. JW 8/1/2023 Prime Vendor is a | | | | | | | | |
| Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | political subdivision/non-profit entity. LL 8/4/2023 | | |

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|---|------------------|---|---|---|--|--|--------------------|---|
| Bidder's / Vendors Name and Address 3 St. Martin De Porres – Catholic Charities Corp 7911 Detroit Ave Cleveland OH 44102 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0% MBE: 0% WBE: 0% SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 8/4/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Incomplete DIV 1. Did not select if full or partial waiver is requested on DIV 3. -SS 07/25/2023 Full waiver requested due to nonprofit, supporting documentation provided. JW 8/1/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC___ | | | | | |

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|--|------------------|---|---|---|--|--|--------------------|---|
| Bidder's / Vendors Name and Address 3 Strongsville City of 18100 Royalton Rd Strongsville OH 44136 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/4/2023 SBE/MBE/WBE Comments and Initials: No DIV 1, DIV 2, DIV 3 submitted. -SS JW 8/1/2023 Missing DIV-1 (Covenant of Non-discrimination) – must be completed/submitted. Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 DIV 1 received. -SS 10/10/2023 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|---|------------------|--------------------------|--|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | prime vendor provided div-1, no div-2 or div-3 provided, prime vendor is a municipality, JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

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|--|--------------------------|---|--|---|--|---|---|
| Bidder's / Vendors Name and Address 3 University Settlement 4800 Broadway Ave Cleveland OH 44127 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-2872REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | Dept. Tech. Review Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| SBE/MBE/WBE Comments and Initials: Did not select if full or partial waiver is requested on DIV 3. No signature or notarization on DIV 3 page 2 of 2. -SS 07/25/2023 Prime vendor requesting full waiver per they are a nonprofit agency, no supporting documentation provided. JW | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u> </u> <u>AC</u> | | | 8/1/2023 Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|--|--------------------|--|
| 3 Web Wise Enterprises 305 Woodstock Rd Eastlake OH 44095 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): No subcontractors SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 8/4/23 SBE/MBE/WBE Comments and Initials: Web Wise Enterprise checked SBE on DIV 2, but they are not certified. DIV 3 is incomplete; no notarization or full or partial waiver selected. -SS 07/25/2023 JW 8/1/2023 Diversity Goal not met. No details or documentation on Good Faith Effort exerted to achieve the diversity goal. LL 8/4/2023 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ _AC_____ | | | | | |

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|-------------------------------------|--|------------------|---|--|---|--|---|--------------------|---------------|
| Bidder's / Vendors Name and Address | 3 West Side Community House 9300 Lorain Ave Cleveland OH 44102 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Subcontractor Name(s): No subcontractors | | |
| | | | | IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | |
| | | | | IG Number: 12-2980-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | Total % SBE: <u>0%</u> MBE: <u>0%</u> WBE: <u>0%</u> | | |
| | | | | PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/19/2023 <input checked="" type="checkbox"/> No LL 8/4/2023 | | |
| | | | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | SBE/MBE/WBE Comments and Initials: No DIV 1 or DIV 2. Full waiver requested. -SS 7/25/2023 Only div-3 provided, per vendor requesting full waiver of diversity goals per they are not engaging/working with any subcontractors business/activities.. JW 8/1/2023 Missing DIV-1 (Covenant of Non-discrimination) – must be completed | | |
| | | | | CCBEIP: <input type="checkbox"/> Yes | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u> </u> <u>AC</u> | | | and signed. Prime Vendor is a political subdivision/non-profit entity. LL 8/4/2023 DIV 1 received. -SS 10/10/2023 JW 10/18/2023 LL 10/19/2023 | | |

Transaction ID:

GOAL SETTING WORKSHEET

NOTE: User Department completes the YELLOW AREAS ONLY.

Department of Senior and Adult Services
 Daphne James
 216-698-4731
daphne_kelker@fs.ohio.gov

Department Name:
 Contact Name:
 Contact Phone#:
 Contact Email:
 RQ#:

| Work Category/Scope | NIGP Code (5 digits) | Work/Scope Amount (\$) | Disparity Study Work/Scope Availability # (All Vendors) | Disparity Study Work/Scope Availability # (MBE) | Disparity Study Work/Scope Availability % (MBE) | Disparity Study Work/Scope Availability \$ (MBE) | Disparity Study Work/Scope Availability # (WBE) | Disparity Study Work/Scope Availability % (WBE) | Disparity Study Work/Scope Availability \$ (WBE) |
|---------------------|----------------------|------------------------|---|---|---|--|---|---|--|
| Human Services | 95200 | 3269175.00 | 1 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 |
| | | | 1 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 |
| | | | 1 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 |
| Totals (\$): | | 3269175.00 | | | | 0.00 | | | 0.00 |

Project Diversity Goals: **Comments: LL 5/24/23**
 NIGP 95200: 0t/0m/0w

MBE Goal 0%
 WBE Goal 0%
 DBE Goal (not calculated) 20%

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0337

| | |
|---|--|
| Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services | A Resolution making awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute the Master Contract and all other documents consistent with said awards and this Resolution; and declaring the necessity that this Resolution become immediately effective. |
|---|--|

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services has recommended awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 with the following providers:

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- b) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.
- c) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services.
- d) Contract No. 3789 with Caring Hearts Health Services LLC for Homemaker, Personal Care, Chore and Laundry services.
- e) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services.

- f) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- g) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- h) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals for Home Delivered Meals services.
- i) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- j) Contract No. 3791 with First Choice Medical Staffing, Inc. for Homemaker and Personal Care services.
- k) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- l) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- m) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services.
- n) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- o) Contract No. 3771 with Rent a Daughter Senior Care, Inc. Homemaker and Personal Care services.
- p) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.
- q) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- r) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services.
- s) Contact No. 3735 with TOBI Transportation for Transportation services.

- t) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- u) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- v) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- w) Contract No. 3749 Wash House CLE LLC for Laundry services.
- x) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care services; and

WHEREAS, the primary goal of the OPTIONS for Independent Living Services Program is to provide a flexible, affordable in-home care program to Cuyahoga County residents aged 60 and above who, because of income and/or assets, are not eligible for Medicaid waiver or other programs; and

WHEREAS, the various services provided by the program that are essential to Cuyahoga County senior include: 1) assistance with larger household chores; 2) medical emergency response services; 3) grab bar installation; 4) homemaking assistance; 5) home delivered meals; 6) assistance with personal care and/or transportation for medical-related appointments; and

WHEREAS, this project is funded 100% by Health and Human Services Levy funds; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes awards on RQ12904 with various providers in the total amount not-to-exceed \$9,550,000.00 for various services for the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 with the following providers:

- a) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- b) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services.

- c) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services.
- d) Contract No. 3789 with Caring Hearts Health Services LLC for Homemaker, Personal Care, Chore and Laundry services.
- e) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services.
- f) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- g) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- h) Contract No. 3776 with Family & Community Services, Inc. dba Mobile Meals for Home Delivered Meals services.
- i) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- j) Contract No. 3791 with First Choice Medical Staffing, Inc. for Homemaker and Personal Care services.
- k) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- l) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- m) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services.
- n) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- o) Contract No. 3771 with Rent a Daughter Senior Care, Inc. Homemaker and Personal Care services.
- p) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.

- q) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- r) Contract No. 3734 with Solutions Premier Training Services for Homemaker and Personal Care services.
- s) Contact No. 3735 with TOBI Transportation for Transportation services.
- t) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- u) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- v) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- w) Contract No. 3749 Wash House CLE LLC for Laundry services.
- x) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care services; and

SECTION 2. That the County Executive is authorized to execute the Master Contract and all other documents consistent with said awards and this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Department of Senior and Adult Services; Master Agreement; 01/01/2024 – 12/31/2025; Options for Independent Living Services (OPTN) |
| Department or Agency Name | Department of Senior and Adult Services |
| Requested Action | <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|-------------|-------------------------|----------------|---|--------------|
| O | Various | Various | 01/01/2024 – 12/31/2025 | \$9,550,000.00 | Pending | Pending |
| | | | | | | |

Cuyahoga County Division of Senior and Adult Services requesting approval of a Master contract with multiple vendors in the amount of \$9,550,000.00 for the time period 01/01/2024-12/31/2025.

The Options program provides in-home services to seniors and adults with disabilities living in Cuyahoga County who need: assistance with larger household chores; medical emergency response services; grab bar installation; homemaking assistance; home delivered meals; assistance with personal care; and/or transportation for medical-related appointments.

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 self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community.
- Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport.
- The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services.

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: Agenda Item 1 | Owner, executive director, other (specify): |
| A-1 Healthcare LLC 2060 S. Taylor Rd. Cleveland Heights, OH 44118 | Richard Keller, CEO |
| Vendor Council District: | Project Council District: |
| Council district 10 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 2 | Owner, executive director, other (specify): |
| ABC International Services, Inc. 31525 Aurora Road, Suite #2 Solon, OH 44139 | Bella Rokhman, President/Owner |
| Vendor Council District: | Project Council District: |
| Council district 6 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 3 | Owner, executive director, other (specify): |
| Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing) 2300 Warrenville Road, Suite 100 Downers Grove, IL 60515 10/25/2023 – Missing Cyber Coverage | Angela Dooley, Regional Director of Operations |
| Vendor Council District: | Project Council District: |
| N/A | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 4 | Owner, executive director, other (specify): |
| Caring Hearts Health Services LLC 333 Babbitt Road, Suite 242 Euclid, OH 44123 | Marquetta Brown, President |
| Vendor Council District: | Project Council District: |
| Council district 11 | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 5 | Owner, executive director, other (specify): |
| Casleo Corporation dba Global Meals 2761 E. 4 th Avenue Columbus, Ohio 43219 | Nataliya Krylova, CEO |

| | |
|---|---|
| | |
| Vendor Council District: | Project Council District: |
| N/A | County wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 6 | Owner, executive director, other (specify): |
| Connect America 816 Park Way Broomall, PA 19008 | Richard Brooks, President |
| Vendor Council District: | Project Council District: |
| N/A | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 7 | Owner, executive director, other (specify): |
| Essence Health Services 855 222 nd Street Euclid, OH 44123 | Dannika Witten, Owner |
| Vendor Council District: | Project Council District: |
| Council District 11 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 8 | Owner, executive director, other (specify): |
| Fernandez Property Group 3781 West 152 nd Street Cleveland, OH 44111 | Sophia Fernandez, Owner |
| Vendor Council District: | Project Council District: |
| Council District 3 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 9 | Owner, executive director, other (specify): |
| First Choice Medical Staffing 1457 West 11 th Street Cleveland, OH 44107 10/25/2023 – Missing subrogation language on COI | Charles Slone, President/CEO |
| Vendor Council District: | Project Council District: |
| Council District 3 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| | |
|---|--|
| Vendor Name and address: Agenda Item 10 | Owner, executive director, other (specify): |
| Geocare Inc.dba Home Instead Senior Care 26777 Lorain Road, Suite 608 North Olmsted, Oh 44070 | Geoffrey Moore, President |
| Vendor Council District: | Project Council District: |
| Council District 1 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 11 | Owner, executive director, other (specify): |
| Home Care Relief, Inc 753 East 200 th Street Euclid, Ohio 44119 | Darlene Myrick, CEO/President |
| Vendor Council District: | Project Council District: |
| Council District 10 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 12 | Owner, executive director, other (specify): |
| Family & Community Services dba Mobile Meals 1357 Home Avenue Akron, Ohio 44310 | Heather Laliberte, Director of Finance |
| Vendor Council District: | Project Council District: |
| Council District 5 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 13 | Owner, executive director, other (specify): |
| Purfoods LLC dba Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021 | Nathan Jensen, Sr VP of Sales and Business Development |
| Vendor Council District: | Project Council District: |
| N/A | Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 14 | Owner, executive director, other (specify): |
| Renaissance Home Health Care 5311 Northfield Road Suite 212 Bedford Heights, Ohio 44146 | Patricia Eady, Owner |
| Vendor Council District: | Project Council District: |

| | |
|---|--|
| Council District 9 | Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 15 | Owner, executive director, other (specify): |
| Rent a Daughter Senior Care 23715 Mercantile Road Building A Suite 206 Beachwood OH 44122 | Mark Glatley, Chief Executive Officer |
| Vendor Council District: | Project Council District: |
| Council District 11 | Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 16 | Owner, executive director, other (specify): |
| Rose Centers for Aging Well 11890 Fairhill Road Cleveland OH 44120 | Dabney Conwell, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 9 | Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 17 | Owner, executive director, other (specify): |
| Senior Transportation Connection 4735 W. 150 th Street, Suite A Cleveland, Ohio 44135 | Laura Kleinman, Executive Director |
| Vendor Council District: | Project Council District: |
| Council district 2 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 18 | Owner, executive director, other (specify): |
| Solutions Premier Training Services 14077 Cedar Rd., Suite 203 South Euclid, Ohio 44118 10/25/2023 – Waiting on receipt of Umbrella Coverage or Waiver | Brenda Richardson, Owner/Program Administrator |
| Vendor Council District: | Project Council District: |
| Council district 11 | |

| | |
|---|---|
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 19 | Owner, executive director, other (specify): |
| Tobi Transportation Services, LLC 14100 Bardwell Avenue East Cleveland, Ohio 44112 | Alice Jackson, Vice President |
| Vendor Council District: | Project Council District: |
| Council district 10 | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 20 | Owner, executive director, other (specify): |
| Transport Assistance, INC 5481 State Road Parma, Ohio 44134 | Fred Cerny, President |
| Vendor Council District: | Project Council District: |
| Council district 10 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 21 | Owner, executive director, other (specify): |
| U First Homecare 6005 Fleet Avenue #1005 Cleveland, Ohio 44105 | Veora Thompkins, Director |
| Vendor Council District: | Project Council District: |
| Council District 7 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 22 | Owner, executive director, other (specify): |
| Valued Relationships 1400 Commerce Center Dr. Franklin, Ohio 45005 | Mr. Ben Wallace, Executive Director |
| Vendor Council District: | Project Council District: |
| N/A | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 23 | Owner, executive director, other (specify): |
| Wash House CLE, LLC 3781 W. 152 Street | Ms. Sophia Fernandez, Owner |

| | |
|---|---|
| Cleveland, Ohio 44111 | |
| Vendor Council District: | Project Council District: |
| Council District 3 | County Wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |
| Vendor Name and address: Agenda Item 24 | Owner, executive director, other (specify): |
| Xcel Healthcare Providers, Inc 1991 Lee Rd. Cleveland, Ohio 44118 | Mr. John Stanich, Executive Director |
| Vendor Council District: | Project Council District: |
| Council District 11 | County Wide |
| 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 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: 9,600,582.00 | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) 396/31 | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): (0%) DBE (20%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain.</i> DCAP is collecting documents from the non compliant vendors to make them compliant | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, <i>please explain:</i> <i>Master Agreement RFP - 25 of 31 vendors were awarded.</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 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 & Human Services Levy- 100% |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|---|---|
| Provide status of project. | |
| <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 Contract – R2021-0151 – 06/22/2021 |
| Amendment 1 – R2023-0086 – 04/11/2023 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|-----------------------------|---|
| RQ#: | 12904 |
| Description of Solicitation | RFP – Options for Independent Living (DSAS) |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | AC | <input type="checkbox"/> |

| | | |
|---|------------------------------|-----------------------------|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

| FULL AND OPEN COMPETITION | | |
|---|----------------------------|-------------------|
| Formal RFP – Master Agreement Award Recommendation | | |
| | Department initials | Purchasing |
| Notice of Intent to Award (sent to all responding vendors) | AC | Not reviewed |
| Bid Specification Packet | AC | Not reviewed |
| Final DEI Goal Setting Worksheet | AC | Not reviewed |
| Diversity Documents – <i>if required (goal set)</i> | AC | Not reviewed |
| Award Letter (sent to awarded vendor) | AC | Not reviewed |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | AC | Not reviewed |
| Tabulation Sheet | AC | Not reviewed |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | AC | Not reviewed |
| Vendor’s Submission | AC | Not reviewed |
| Cover - <i>Master contracts only</i> | AC | Not reviewed |
| Contract Evaluation – <i>if required</i> | AC | Not reviewed |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | N/A | Not reviewed |
| Agreement/Contract and Exhibits | AC | Not reviewed |
| Performance Bond, if required per RFP | N/A | Not reviewed |
| Checklist Verification | AC | Not reviewed |
| Auditors Findings | AC | Not reviewed |
| Debarment | AC | Not reviewed |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

CONTRACT HISTORY (to be completed by department)

| | | | | | |
|---|--|-------------------------|-------------------------|----------------------|-------------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | Various | | | |
| | Original Amount | Amendment Amount | Time Period | Approval Date | Approval # |
| Original Amount | \$6,800,435.60 | | 7/1/2021 – 12/31/2022 | 6/22/2021 | R2021-0151 |
| | Prior Amendment Amounts (list separately) | \$4,760,500.00 | 01/01/2023 – 12/31/2023 | 4/11/2023 | R2023-0086 |
| | | \$ | | | |
| | | \$ | | | |
| | Pending Amendment | \$ | | | |
| | Total Amendments | \$4,760,500.00 | | | |
| Total Contact Amount | \$11,560,935.60 | | | | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | A-1 Healthcare Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210768 212265 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | A-1 Healthcare is currently providing homemaking and/or personal care for approximately 80 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 71% of referrals were accepted or refused within 5 business days of referral 2. 88% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Strongly agree on measure of customer satisfaction 4. Zero % customer concerns. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Provider has a high measure of customer satisfaction. They serve a good number of Options clients. They had staff turnover which affected their acceptance times and start dates, but these have evened out. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 9/18/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | ABC International | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210782 212278 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Chore and the installation of grab bars are intended to restore, improve or maintain a healthy living environment (chore-heavy household cleaning, packing/unpacking, organizing, carpet cleaning; grab bar- installation of the grab bars, and the actual bars themselves). | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral. 2. Chore - 90% of clients will have services completed within 30 days of the referral acceptance, except in cases of documented client cancellations. 2. Grab bar- 90% of clients will have grab bars completely installed within 30 days of receiving the authorization from the landlord, except in cases of documented client cancellations 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. Chore-100% of referrals were accepted or refused within 5 business days of referral. 1. Grab bar-92% of referrals were accepted or refused within 5 business days of referral. 2. Chore - 10% of clients had services completed within 30 days of the referral acceptance, except in cases of documented client cancellations. 2. Grab bar- 8% of clients had grab bars completely installed within 30 days of receiving the authorization from the landlord, except in cases of documented client cancellations 3. Agree on measure of customer satisfaction 4. 5.8% customer concern measure | | | | |
| Rating of Overall | Superior | Above Average | Average | Below Average | Poor |

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|----------------------------------|--|--|---|--|--|
| Performance of Contractor | | | | | |
| Select One (X) | | | X | | |
| Justification of Rating | <p>The provider has been hampered by lack of staffing since the Covid 19 pandemic. They have also been the only source of grab bars, and the major source of chore for the Options program, which means they may have been overwhelmed by the number of referrals. This provider said she has sub-contracted with another two providers (which brings the total to 3 now) for this next Options contract period. Satisfaction with the finished product is good.</p> | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 9/20/2023 | | | | |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Addus Healthcare | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210779 212276 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Addus Healthcare is currently providing homemaking and/or personal care for approximately 9 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. There were no referrals accepted during the time period measured. 2. There were no referrals accepted during the time period measured. 3. Agree on measure of customer satisfaction 4. 5 % customer concerns. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | This provider does well with clients when they are able to staff. They have had concerns since the Covid 19 pandemic with staffing, as is the concern nationally. This agency historically maintains a rather low number of clients, but these clients are pleased with their service. | | | | |
| Department Contact | Cynthia Mason 21-420-6834 | | | | |

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| User Department | Division of Senior and Adult Services |
| Date | 9/19/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Caring Hearts Health Services | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210787 212272 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Caring Hearts is not currently providing homemaking, personal care or Chore for Options clients. First quarter 2022 they provided care for approximately 12 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. Chore is intended to restore, improve or maintain a healthy living environment (heavy household cleaning, packing/unpacking, organizing, carpet cleaning). | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. There were no referrals accepted during the time period measured (2023). 2. There were no referrals accepted during the time period measured (2023). 3. Agree (with some neutral scores) on measure of customer satisfaction (1st half 2022 timeframe) 4. 40 % customer concerns (1st half 2022 timeframe) | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | This provider's hands-on owner had a personal tragedy that affected this agency's work product for some time. The concern numbers had mostly to do with the fact that this agency either did not start services or stopped providing care around the incident. The owner also went into seclusion after the incident. This agency would like to start providing care again, and I feel we should give them another chance. | | | | |

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| | Rather than not accept their services, we would be offering a smaller amount of dollars until we can reevaluate the service provision. |
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 9/20/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Casleo Corporation | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210783 212277 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Providing home delivered meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider substantially exceeded performance measures. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 9/21/2023 | | | | |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Connect America | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1406 PO#: 210769 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Emergency Response Services (ERS) are designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a home communication unit (HCU) and connection systems. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 75% of client signals for assistance will be responded to within thirty (30) seconds of receiving the signal. 2. 100% of client signals for assistance will be responded to within sixty (60) seconds of receiving the signal. 3. 100% of all home installations/wireless mailings and service changes will be completed within 14 days of the accepted referral 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 76% of client signals for assistance were responded to within thirty (30) seconds of receiving the signal. 2. 89% of client signals for assistance were responded to within sixty (60) seconds of receiving the signal. 3. 80% of all home installations/wireless mailings and service changes were completed within 14 days of the accepted referral 3. Strongly Agree on measure of customer satisfaction 4. 1.2% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Connect America serves 588 clients. They have a good record of service and a good record of customer service. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 9/20/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Family and Community Services dba Mobile Meals | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3776 PO# 200048 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Providing home delivered meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider substantially exceeded performance measures. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 9/21/2023 | | | | |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | First Choice Medical Staffing | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#3328 (copy 1437) PO#212267 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | First Choice is currently providing homemaking and/or personal care for approximately 31 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 25% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Strongly Agree on measure of customer satisfaction 4. 2.7% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider has good number of Options clients. While they have a lower percentage of referrals being accepted within 5 business days, it appears that they started serving the client prior to acceptance within our case management system, and service is the main goal behind the performance measure. They also have a good customer satisfaction rating. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Ivision of Senior and Adult Services |
| Date | 9/19/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Geocare Inc., DBA Home Instead Senior Care | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3773 PO# 200045 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Geocare is currently providing homemaking for approximately 25 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. There were no referrals accepted during the time period measured. 2. There were no referrals accepted during the time period measured. 3. Strongly agree on measure of customer satisfaction 4. 6.6% customer concerns. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider's staffing of cases was affected by the shortage of home health aides since the Covid 19 pandemic. They have historically been a strong provider, and are the only totally West side provider, which is needed. They used to serve twice as many clients. They have a strong measure of customer satisfaction. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

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| User Department | Division of Senior and Adult Services |
| Date | 9/20/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Home Care Relief | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3775 PO# 200050 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Home Care Relief is currently providing homemaking and/or personal care for approximately 50 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. There were no referrals accepted during the time period measured. 2. There were no referrals accepted during the time period measured. 3. Strongly agree on measure of customer satisfaction 4. Zero % customer concerns. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Provider has a high measure of customer satisfaction. They serve a good number of Options clients. New referral acceptance has been challenging since the Covid 19 pandemic, but this is a challenge nationally. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

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| User Department | Division of Senior and Adult Services |
| Date | 9/19/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Purfoods LLC dba Mom's Meals | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210778 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Providing home delivered meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider substantially exceeded performance measures. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 9/21/2023 | | | | |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Renaissance Home Health Care | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210776 212268 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Renaissance is currently providing homemaking and/or personal care for approximately 25 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 0% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree on measure of customer satisfaction 4. Zero % customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Clients were seen prior to being accepted in the case management system. The purpose of the performance measure is to ensure timely service, which appears to have occurred. They have a strong measure of customer satisfaction. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 9/20/2023 |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Rose Centers For Aging Well | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210771 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Providing home delivered meal services to seniors in partnership with DSAS. | | | | |
| Performance Indicators | 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 91% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive meal delivery within 14 days of provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Provider met or exceeded performance measures. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 9/21/2023 | | | | |

CONTRACT EVALUATION FORM

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|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Senior Transportation Connection | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 210773 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Senior Transportation Connection will be providing transportation services. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 89.46% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. All return trips were scheduled and recorded as scheduled trips. 89.46% of clients were picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. None. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | The performance measure was essentially met. This provider is the only provider that provides service to the whole county. Clients speak very well of this agency on client satisfaction measures. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---------------------------------------|
| User Department | Division of Senior and Adult Services |
| Date | 9/22/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Solutions Premier Training Services | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 212270 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Solutions Premier is currently providing homemaking and/or personal care for approximately 30 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 100% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree (bordering strongly agree) on measure of customer satisfaction 4. 3.5% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider has a high measure of customer satisfaction. They have worked with Options to make sure that clients with emergent safety issues are staffed. They have had a difficult time staffing new cases since the Covid 19 pandemic, which is also a national concern. They have historically had a higher case count, which they hope to reach again. This agency also trains home health aides, which tends to ensure good service. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 9/19/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Tobi Transportation Services, LLC | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 212271 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Tobi Transportation Services, LLC will be providing transportation services. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 100% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. none 3. 100% of clients were picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider substantially exceeded performance measures. | | | | |

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|---------------------------|---------------------------------------|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 9/22/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Transport Assistance, INC | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 212274 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Transport Assistance, INC will be providing transportation services. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of clients will be picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. If the return trip has been scheduled, then 90% of clients will be picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. If the return trip has not been scheduled, then 75% of clients will be picked-up within thirty (30) minutes that live within a ten-mile radius of their appointment and sixty (60) minutes that live outside the ten-mile radius of their appointment from their call requesting a return trip home. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 97% of clients were picked up within 20 minutes and no later than 10 minutes after their scheduled pick-up time. 2. 100% of clients were picked up within 10 minutes and no later than 20 minutes after their scheduled return time. 3. None | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | Provider substantially exceeded performance measure. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---------------------------------------|
| User Department | Division of Senior and Adult Services |
| Date | 9/22/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | U-First Homecare Services, Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210781 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | U-First Homecare is currently providing homemaking and/or personal care for approximately 32 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 0% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Strongly Agree on measure of customer satisfaction 4. Zero% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider has always performed well with customer satisfaction. They have a low % of referrals accepted within 5 days, but they started all their clients on time. They said they would work toward looking at the queue more often. | | | | |

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|---------------------------|--------------------------------|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult |
| Date | 9/19/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Valued Relationships, Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210780 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Emergency Response Services (ERS) are designed to monitor client safety and provide access to emergency crisis intervention for medical or environmental emergencies through the provision of a home communication unit (HCU) and connection systems. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 75% of client signals for assistance will be responded to within thirty (30) seconds of receiving the signal. 2. 100% of client signals for assistance will be responded to within sixty (60) seconds of receiving the signal. 3. 100% of all home installations/wireless mailings and service changes will be completed within 14 days of the accepted referral 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 83% of client signals for assistance were responded to within thirty (30) seconds of receiving the signal. 2. 98% of client signals for assistance were responded to within sixty (60) seconds of receiving the signal. 3. 100% of all home installations/wireless mailings and service changes were completed within 14 days of the accepted referral 3. Strongly Agree on measure of customer satisfaction 4. 3.3% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | X | | | | |
| Justification of Rating | This provider falls within all parameters for success, both performance measures and customer satisfaction. | | | | |

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| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 9/20/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Xcel Healthcare | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210777 | | | | |
| RQ# | 4919 | | | | |
| Time Period of Original Contract | 7/1/2021 – 12/31/2023 | | | | |
| Background Statement | The Cuyahoga County Department of Health and Human Services, Division of Senior and Adult Services, solicited proposals from agencies and organizations interested in providing Options for Independent Living Services (chore, emergency response, grab bar, home delivered meals, Laundry, personal care and/or homemaker) to Cuyahoga County. | | | | |
| Service Description | Xcel Healthcare is currently providing homemaking and/or personal care for approximately 35 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). Personal care consists of assisting persons to bathe and groom. | | | | |
| Performance Indicators | <ol style="list-style-type: none"> 1. 90% of referrals will be accepted or refused within 5 business days of referral 2. 90% of clients will begin to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Agree or Strongly Agree on measure of customer satisfaction 4. Less than 10% customer concern measure | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 0% of referrals were accepted or refused within 5 business days of referral 2. 100% of clients began to receive services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. 3. Strongly Agree on measure of customer satisfaction 4. Zero % customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Referrals were started with service prior to being accepted in the case management system. The performance measure's purpose is to get customers served quickly, and they did that. They have a strong measure of customer satisfaction. | | | | |

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|---------------------------|---|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 9/20/2023 |



Marius R. Gots

10.25.2023

Department of Purchasing Tabulation Sheet

| | | |
|---|--|---|
| REQUISITION NUMBER: RQ12904/Event #4575 | TYPE: (RFB/RFP/RFQ): RFP | ESTIMATE: \$9,600,582.00 |
| CONTRACT PERIOD: | RFB/RFP/RFQ DUE DATE: August 4, 2023 | NUMBER OF RESPONSES (issued/submitted): 396/31 |
| REQUESTING DEPARTMENT: Department of Senior and Adult Services | COMMODITY DESCRIPTION: Options for Independent Living Services for Seniors and Adults with Disabilities of Cuyahoga County | |
| DIVERSITY GOAL/SBE 20% <input type="checkbox"/> Yes <input type="checkbox"/> No-N/A the | DIVERSITY GOAL/MBE 0% <input type="checkbox"/> Yes <input type="checkbox"/> No-CCBB Bid \$: | DIVERSITY GOAL/WBE 0% |
| Does CCBB Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No- N/A the procurement method was RFP and RFQ, JW 10/5/2023 | CCBB: Low Non-CCBB Bid \$: | Add 2%, Total is: |
| Does CCBEIP Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No- N/A the procurement method was RFP and RFQ, JW 10/5/2023 | CCBEIP: Low Non-CCBEIP Bid \$: | Add 2%, Total is: |
| *PRICE PREFERENCE LOWEST BID REC'D \$ | RANGE OF LOWEST BID REC'D \$ | Minus \$, = |
| PRICE PREF % & \$ LIMIT: | MAX SBE/MBE/WBE PRICE PREF \$ | DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|--|---|--|--|--------------------|--|
| 1 A Little Something Exxtra LLC 8536 Crowe Drive #215 Macedoni a OH 44056 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Needs signed PH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/23 SBE/MBE/WBE Comments and Initials: DIV -2 Form completed. No Div-3 form submitted. L.Lyons 10/5/23 Prime is not Cuyahoga County Certified, JW 10/6/2023 LL 10/6/23 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

| Bidder's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 2 A-1 Health Care 2060 S Taylor Rd Cleveland Hts OH 44118 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-0019-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/23 SBE/MBE/WBE Comments and Initials: DIV-3 form completed stating they do not utilize sub-contractors for business operations. L Lyons 10/5/23 Prime is not Cuyahoga county certified, JW 10/6/2023 Insufficient details/information provided on Good Faith Effort. Statement that they do no use subcontractors for business | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|--------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _AC_____ | | | operations with details/reasonings is not sufficient to evaluate good faith effort. LL 10/6/23 | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|--|---|--|--|--------------------|--|
| 3 ABC International Services Inc 31525 Aurora Rd #2 Solon OH 44139 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 12-3372-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): (FW)ABC International Services Inc SBE/WBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: 20 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/23 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: DIV 2 completed, and div-3 vendor stated they are certified and do not need a waiver. Business name is ABC International Employment Services Inc in our system L.Lyons 10/5/23 LL 10/6/23 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---------------------------------------|---|------------------|--------------------------|--|--------------------|---------------|
| | | | CCBEIP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | Div-1 signed, no waiver requested, JW 10/5/2023 | | |

| | | | | | | | | | |
|--|--|---|--|---|--|---|--|--|--|
| Bidder's / Vendors Name and Address | 4 Addus HealthCare Inc dba Arcadia Home Care & Staffing 2300 Warrensvill e Rd #100 Downers Grove IL 60515-1765 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| <p>Compliant:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <p>IG Registration Complete:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>IG Number: 21-0147-REG</p> <p>NCA:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <p>PH:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <p>CCBB:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <p>CCBEIP:</p> <input type="checkbox"/> Yes | <p>Subcontractor Name(s):</p> <p>SBE/MBE/WBE Prime: (Y/N)</p> <p>SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> %</p> <p>SBE/MBE/WBE Comply: (Y/N)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/23</p> | <p>Div-2 form completed vendor selected that they are an SBE but are not certified. Div-3 Completed as well vendor their own company on form. Both forms completed incorrectly. L.Lyons 10/5/2023 Div-1 signed, vendor not Cuyahoga county certified, div-3 waiver requested per bottom of Div-3 vendor states "</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC | | | Addus HealthCare (South Carolina), Inc. DBA Arcadia Home Care & Staffing respectfully declines to engage a SBE/MBE/WBE subcontractor for the delivery of Homemaker and Personal Care Services. " JW 10/5/23 Insufficient details/justification for waiver | | |

Transaction ID:

| | | | | | | | | | | | |
|---|------------------|---|--|--|--|--|--------------------|---|--|--|--|
| Bidder's / Vendor Name and Address 5 Caring Hearts Health Services LLC 333 Babbitt Rd #242 Euclid OH 44123 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0142-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Subcontractor Name(s): | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % | SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/23 | SBE/MBE/WBE Comments and Initials: DIV 2 completed and DIV 3 completed div-3 vendor stated they are certified and do not need a waiver. L.Lyons 10/5/2023 Vendor is not Cuyahoga County Certified, no waiver requested, JW 10/5/2023 LL 10/6/23 |

Transaction ID:

| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

| | | | | | | | | |
|---|------------------|---|--|--|--|--|--------------------|--|
| Bidder's / Vendors Name and Address 6 Casleo Corporation dba Global Meals 2761 E 4th Ave Columbus OH 43219 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 20-0211-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/23 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| SBE/MBE/WBE Comments and Initials: Div 2 not complete and DIV 3 form completed requesting partial waiver please see form for statement. Div 3 of 2 not filled out completely . L.Lyons 10/5/2023 See div-3 for explanation of request for waiver, JW 10/5/2023 Insufficient details on Good Faith Effort especially for the | | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|--|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | "few opportunities to utilize local food sourcing". LL 10/6/23 | | |

| | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|--|--|--------------------|---|------------------------|--|--------------------------|--|---------|----------------------------|---------------------------|---|------------------------------------|--|
| Bidder's / Vendors Name and Address 7 Connect America 816 Park Way Broomal IPA 19008 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| <table border="1"> <tr> <td data-bbox="365 136 600 367"> Subcontractor Name(s): </td> <td data-bbox="365 367 600 556"> <input type="checkbox"/> Yes <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </td> </tr> <tr> <td data-bbox="365 556 600 745"> SBE/MBE/WBE Prime: (Y/N) </td> <td data-bbox="365 745 600 934"> <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No </td> </tr> <tr> <td data-bbox="365 934 600 1123"> Total % </td> <td data-bbox="365 1123 600 1312"> SBE: 0 % MBE: 0 % WBE: 0 % </td> </tr> <tr> <td data-bbox="365 1312 600 1501"> SBE/MBE/WBE Comply: (Y/N) </td> <td data-bbox="365 1501 600 1690"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 </td> </tr> <tr> <td data-bbox="365 1690 600 1967"> SBE/MBE/WBE Comments and Initials: </td> <td data-bbox="365 1967 600 1967"> Div 2 completed partially . Div 3 forms completed stating they are trying to contact SBE's to work with . L.Lyons 10/5/2023 No additional documentation on SBE's contacted, dibv-1 signed, JW 10/5/2023 LL 10/6/2023 </td> </tr> </table> | | | | | | | | | Subcontractor Name(s): | <input type="checkbox"/> Yes <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | SBE/MBE/WBE Prime: (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | Total % | SBE: 0 % MBE: 0 % WBE: 0 % | SBE/MBE/WBE Comply: (Y/N) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 | SBE/MBE/WBE Comments and Initials: | Div 2 completed partially . Div 3 forms completed stating they are trying to contact SBE's to work with . L.Lyons 10/5/2023 No additional documentation on SBE's contacted, dibv-1 signed, JW 10/5/2023 LL 10/6/2023 |
| Subcontractor Name(s): | <input type="checkbox"/> Yes <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Prime: (Y/N) | <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Total % | SBE: 0 % MBE: 0 % WBE: 0 % | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Comply: (Y/N) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 | | | | | | | | | | | | | | | | | |
| SBE/MBE/WBE Comments and Initials: | Div 2 completed partially . Div 3 forms completed stating they are trying to contact SBE's to work with . L.Lyons 10/5/2023 No additional documentation on SBE's contacted, dibv-1 signed, JW 10/5/2023 LL 10/6/2023 | | | | | | | | | | | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) |
|---|---------------------------|---|---|---------------------|--------------------------------|--|-------------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|---|--------------------|--|
| 8 Dynamics Global Financial Network Inc 3100 East 45 th St Cleveland OH 44111 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): (MAA)Dynamics Global Financial Network Inc SBE/MBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20%</u> MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 completed L.Lyons 10/5/2023 No waiver requested, JW 10/5/2023 LL 10/6/2023 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

| | | | | | | | | | | |
|---|---------------------|--|--|------------------------------------|--|--|---|---------------|--|--|
| Bidder's / Vendors Name and Address 9 EP Homecare LLC 25631 Breckenridge Rd Euclid OH 44117 | Bid Bond / Checking | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) | | |
| Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: | | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No | Total % SBE: 0 % MBE: 0 % WBE: 0 % | SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 | Subcontractor Name(s): | Award : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| NCA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | SBE/MBE/WBE Comments and Initials: Div2 form completed Div 3 form completed stating vendor will be certified and will fulfill the goal vendor is pending certification . L.Lyons 10/5/2023 SBE/MBE/WBE application pending, no waiver requested, JW 10/5/2023 Vendor is not currently certified. As a RFP/RFQ, there is a potential to negotiate the | | | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | vendor to compliance (in this case, potentially successfully becomes County certified diversity vendor during contract negotiation/preparation process). LL 10/6/2023 | | |

Transaction ID:

| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|--|--|--|--|--------------------|---|
| 1 Essence Health Services Inc 855 E 222 nd St Euclid OH 44123 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Div 2 partially completed. Div 3 completed stating they will be certified by the end of contract vendor is not currently certified. L.Lyons 10/5/2023 div-1 signed, waiver requested, per vendor " we are an 100% black female owned small business and expect to be certified prior to the contracts | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | implementation." Vendor not certified, JW 10/5/2023 As a RFP/RFQ, there is a potential to negotiate the vendor to compliance (in this case, potentially successfully becomes County certified diversity vendor during contract negotiation/preparation process). LL 10/6/2023 | | |

Transaction ID:

| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---------------------------------------|---|---|--|---|--------------------|--|
| 1 Evolving Nurse 21877 Euclid Ave Euclid OH 44117 | | | Compliant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0177-REG NCA: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A NOT SIGNED PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Div 2 partially completed and div3 completed requesting full waiver . LLyons 10/5/2023 Vendor provided div-3, stated " we are requesting a full waiver of the WBE goals as we able to meet 95% goal." JW 10/5/2023 Insufficient Good Faith Effort details/documentation LL 10/6/2023 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| | | | | | | | | |
|--------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A INCOMPLETE OPD Buyer Initials: <u>AC</u> | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---------------------------------------|---|---|--|---|--------------------|--|
| 1 Family & Community Services Inc 705 Oakwood St #221 Ravenna OH 44266 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0041-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 3 completed requesting full wavier stating they are a non profit company IRS letter attached. L.Lyons 10/5/2023 Vendor submitted non profit verification, waiver requested due to being non-profit, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|--|--|--|--------------------|---|
| 1 Fernandez Property Group 3781 West 152nd St Cleveland OH 44111 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): (FHA) Fernandez Property Group SBE/MBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 3 completed stating they will fulfill the goal. L.Lyons 10/5/2023 Prime is county verified vendor, no waiver requested, Prime is also owner of The Wash House Cle, LLC JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 1 FirstChoice Medical Staffing of Ohio 1457 West 117 th St Cleveland OH 44107 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0143-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): (MW)FirstChoice Medical Staffing of Ohio SBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 form completed. Div 3 forms completed with N/A for wavier. L.Lyons 10/5/2023 div-1 signed, no waiver requested, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|--|---|--|---|--------------------|--|
| 1 Geocare Inc dba Home Instead Senior Care 26777 Lorain Rd #608 North Olmsted OH 44070 | | | Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0418-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: No div 2 of 3 forms completed. L.Lyons 10/5/2023 No waiver requested, JW 10/5/2023 Insufficient Good Faith Effort details/documentation LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u> AC </u> | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---------------------------------------|---|---|--|---|--------------------|--|
| 1 Healthy Home Care Transportation LLC 17514 St Clair Ave Cleveland OH 44110 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0141-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: no div 2 or 3 forms completed L.Lyons 10/5/2023 no div-1, JW 10/5/2023 LL 10/6/2023 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | | | |

Transaction ID:

| Bidder's / Vendor's Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 1 Home Care Relief Inc 753 East 200 th St Euclid OH 44119 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0044-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | (FW) Home Care Relief Inc SBE/WBE 20% Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 form completed. L.Lyons 10/6/2023 No waiver requested, JW 10/6/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendor s Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept: Tech. Review w | Award : (Y/N) |
|--|---------------------------|---|--|---------------------|--------------------------------|--|-------------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _AC_____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|--|--------------------|--|
| 1 MedScope America 222 WA. Lancaster Ave Paoli PA 19301 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>SBE / MBE / WBE</p> <p>Subcontractor Name(s):</p> <p>SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No</p> <p>Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> %</p> <p>SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023</p> <p>SBE/MBE/WBE Comments and Initials: Div 2 completed incomplete, div 3 requesting full waiver unable to locate an sbe to work with. L.Lyons 10/5/2023 Waiver requested per vendor unable to locate a SBE vendor, no additional documentation provided, JW 10/5/2023 Insufficient Good Faith Effort documentation/details provided (i.e.,</p> | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | what are the qualifications needed for subcontractors to the prime and how did the prime determine qualifications of SBE/MBE/WBEs). LL 10/6/2023 | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Checking | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|---------------------|---|---|---|--|---|--------------------|--|
| 1 Mom's Meals 3210 SE Corporate Woods Dr Ankeny IA 50021 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 23-0047-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Div 2 completed but vendor is not certified with the county. Blank div 3 submitted. L.Lyons 10/6/2023 No waiver requested, JW 10/6/2023 Insufficient Good Faith Effort documentation/details. LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

| | | | | | | | |
|--|------------------|---|---|---|--|---|---|
| Bidder's / Vendors Name and Address 2 Precision Mobile Laundry Service LLC 4090 E 176 th St Cleveland OH 44128 | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 partially completed div-3 forms completed asking for a full waiver. Vendor is not certified but did submit an application with the bid packet. L.Lyons 10/5/2023 Full waiver requested, prime contacted by two vendors, vendors were contacted by contract compliance officer. Legend | Dept. Tech. Review Award : (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|------------------|---|---|---|--|---|---|

Transaction ID:

| | | | | | | | | |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|---------------|
| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
| | | | | | | <p>delivery a msg was left, midfits, inc stated they were contacted but they only do moving and storage so declined work, JW 10/6/2023 Provided details on diversity vendors contacted and responses received. Furthermore, as a RFP/RFQ, there is a potential to negotiate the vendor to strengthen compliance (in this case, potentially successfully becomes County certified diversity vendor during contract negotiation/preparation process). LL 10/6/2023</p> | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|--|--------------------|--|
| 2 Renaissance Home Health Care 5311 Northfield Rd #212 Bedford Hts OH 44146 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0397-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): (FAA)Renaissance Home Health Care SBE/MBE/WBE 20% <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 form completed L.Lyons 10/5/2023 No waiver requested, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____AC_____ | | | | | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---------------------------------------|---|---|--|--|--------------------|--|
| 2 Rent a Daughter Senior Care 23715 Mercantile Rd Bldg A #206 Beachwood OH 44122 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Div 3 completed stating vendor is in the process of being certified. No certification as of yet. L.Lyons 10/5/2023 No div-2 or div-3 page 2 provided, JW 10/5/2023 As a RFP/RFQ, there is a potential to negotiate the vendor to compliance (in this case, potentially successfully becomes County certified | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | diversity vendor during contract negotiation/preparation process). LL 10/6/2023 | | |

Transaction ID:

| | | | | | | | |
|---|-----------------------|--|--|---|--|---|---|
| Bidder's Name and Address 2 Rose Centers for Aging Well 11890 Fairhill Rd Cleveland OH 44120 | Bid Bond / Check / | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 3 completed requesting full waiver. L.Lyons 10/6/2023 No div-2 provided, div-3 page 1 per vendor. we only subcontract 1 services and the relationship with the vendor is established. Vendor is requesting full waiver, prime is a non-profit verified, JW 10/6/2023 LL 10/6/2023 | Dept. Review Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|-----------------------|--|--|---|--|---|---|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---------------------------------------|---|--|--|--|--------------------|---|
| 2 Senior Transportation Connection 4735 West 150 th St Ste A Cleveland OH 44135 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 20-0277-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 3 completed stating vendor is a non profit. L.Lyons 10/6/2023 Vendor requesting full waiver, Prime is non profit, verified, JW 10/6/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

| | | | | | | | | |
|--|------------------|---------------------------------------|--|--|--|--|--------------------|--|
| Bidder's / Vendors Name and Address 2 Solutions Premier 14077 Cedar Rd #203 South Euclid OH 44118 | Bid Bond / Check | Actual Bid Amount "N/A" if RFP or RFQ | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 20-0198-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | Price Preference <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB / CCBEIP Registered CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Diversity Program Review: SBE / MBE / WBE Subcontractor Name(s): (FAA) Solutions Premier SBE/MBE/WBE 20% SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: No div 2 form completed no div 3 form completed. Vendor is certified. L. Lyons 10/5/2023 No waiver requested, JW 10/5/2023 LL 10/6/2023 | Dept. Tech. Review | Award : (Y/N) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|------------------|---------------------------------------|--|--|--|--|--------------------|--|

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review w | Award : (Y/N) |
|---|---------------------------|---|--|---------------------|--------------------------------|--|-------------------------------|---------------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: ___AC___ | | | | | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 2 Tobi Transportation 14100 Bardwell Ave East Cleveland OH 44112 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0069-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Blank div 2 submitted div 3 submitted requesting full waiver. L.Lyons 10/5/2023 Vendor submitted written request for waiver on div-3, page 2 JW 10/5/2023 Insufficient Good Faith Effort details/documentation. Stating "that providing services on current contract" is unacceptable reasoning/justification for | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | not addressing and/or exercising Good Faith Effort on current procurement. LL 10/6/2023 | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 2 Transport Assistance Inc 5481 State Rd Parma OH 44134 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 22-0275-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 and div 3 completed but did not request full or partial waiver. L.Lyons 10/5/2023 Waiver requested, prime is non-profit, verified, JW 10/6/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 2 U-First Homecare Services Inc 6005 Fleet Ave #103 Cleveland OH 44105 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 23-0091-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | (FAA)U-First Homecare Services Inc SBE/MBE/WBE 20% Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 completed div3 form completed requesting full wavier they can fulfill the full goal because they are certified. L.Lyons 10/5/2023 Prime is Cuyahoga county certified vendor, submitted waiver with written request in div-3 page 2, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|--|--|--|--------------------|---|
| 2 Valued Relationships Inc 1400 Commerce Ctr Dr Franklin OH 45005 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 21-0376-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> No Total % SBE: <u>0</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No LL 10/6/2023 SBE/MBE/WBE Comments and Initials: Blank div 2 submitted. Div 3 completed requesting full wavier due to difficulty finding vendors. L.Lyons 10/5/2023 Vendor provided div-2 page 2 with written request for waiver, JW 10/5/2023 Insufficient Good Faith Effort documentation/details provided. LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: _____ AC_____ | | | | | |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Checking | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|---------------------|---|---|---|--|--|--------------------|--|
| 3 Wash House CLE LLC 2400 Broadview Rd Cleveland OH 44109 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IG Number: NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | (FHA)Wash House CLE LLC SBE/MBE/WBE 20% Subcontractor Name(s): SBE/MBE/WBE Prime: (Y/N) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 3 completed requesting wavier because they can fulfill the goal. L.Lyons10/5/2023 Prime is Cuyahoga county certified vendor, prime is owner of Fernandez Property as well, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u>AC</u> | | | | | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|---|------------------|---|---|---|--|---|--------------------|--|
| 3 Xcel Healthcare Providers Inc 1991 Lee Rd Cleveland Hts OH 44118 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 20-0199-REG NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBB: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A CCBEIP: <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB <input type="checkbox"/> Yes <input type="checkbox"/> No CCBEIP <input type="checkbox"/> Yes <input type="checkbox"/> No | (FAA)Xcel Healthcare Providers Inc SBE/MBE/WBE 20% Subcontractor Name(s): <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> SBE <input checked="" type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: <u>20</u> % MBE: <u>0</u> % WBE: <u>0</u> % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/6/2023 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 2 completed div 3 submitted blank. L.Lyons 10/5/2023. Prime is Cuyahoga county certified vendor, JW 10/5/2023 LL 10/6/2023 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Transaction ID:

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: OPD Buyer Initials | Price Preference | CCBB / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award : (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|---|--------------------|---------------|
| | | | <input type="checkbox"/> No <input type="checkbox"/> N/A COOP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A OPD Buyer Initials: <u> </u> <u>AC</u> | | | | | |

Transaction ID:

GOAL SETTING WORKSHEET

Department Name: Department of Senior and Adult Services
Contact Name: Cynthia Mason
Contact Phone#: 216-420-6834
Contact Email: cynthia.mason@dfs.ohio.gov
RQ#: 12904
RQ Description: 2024 DSAS Options for Independent Living

NOTE: User Department completes the YELLOW AREAS ONLY.

| Work Category/Scope | NIGP Code (5 digits) | Work/Scope Amount (\$) | Disparity Study Work/Scope Availability # (All Vendors) | Disparity Study Work/Scope Availability # (MBE) | Disparity Study Work/Scope Availability % (MBE) | Disparity Study Work/Scope Availability \$ (MBE) | Disparity Study Work/Scope Availability # (WBE) | Disparity Study Work/Scope Availability % (WBE) | Disparity Study Work/Scope Availability \$ (WBE) |
|---------------------|----------------------|------------------------|---|---|---|--|---|---|--|
| Human Services | 95200 | 9600582.00 | 1 | | 0.00 | 0.00 | | 0.00 | 0.00 |
| | | | 1 | | 0.00 | 0.00 | | 0.00 | 0.00 |
| | | | 1 | | 0.00 | 0.00 | | 0.00 | 0.00 |
| Totals (\$): | | 9600582.00 | | | | 0.00 | | | 0.00 |

Project Diversity Goals:

Comments: LL 6/14/23
 NIGP 95230 (Delivered Meals) or 95256 (Housekeeping services):
 NIGP 95200: 0t/0m/0w no duplicates
 15t/0m/0w no duplicates
 MBE Goal 0%
 WBE Goal 0%
 SBE Goal (not calculated) 20%

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0345

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> | <p>A Resolution authorizing an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution, and declaring the necessity that this Resolution become immediately effective.</p> |
|--|--|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services recommends an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the term, effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00; and

WHEREAS, the primary goals for this project are to provide assessment and diversion to persons facing a housing crisis, refer emergency shelter placement and coordinate permanent housing resources to persons experiencing homelessness; and

WHEREAS, this project is funded 41% by Health and Human Services Levy Fund and 59% U.S. Department of Housing and Urban Development Coordinated Entry Grant Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Contract No. 2995 with Mental Health Services for Homeless Persons dba Frontline Service for coordinated intake services in connection with the Continuum of Care Program for the period 1/1/2023 - 12/31/2023 to extend the time period to 1/31/2025, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$852,257.00.

SECTION 2. That the County Executive is authorized to execute the amendment and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____

_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | OHS; Mental Health Services for Homeless Persons dba FrontLine Service; 2023-2025 Amend 1; RQ10456; Coordinated Intake and Assessment |
| Department or Agency Name | Office of Homeless Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/Council's Journal Date | Approval No. |
|-------------------------------|--------------------------------|------------------------|-------------------|--------------|--|--------------|
| O | 2995 | Mental Health Services | 1/1/23 – 12/31/23 | \$500,000.00 | 2/27/23 | BOC2023-122 |
| A - 1 | 2995 | Mental Health Services | 1/1/24 – 1/31/25 | \$852,257.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |

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

The Coordinated Entry System is the front door to accessing shelter and housing services for persons experiencing a housing crisis in Cuyahoga County. The 2009 HEARTH Act requires that Continuums of Care establish a Coordinated Entry System to ensure that those who are most vulnerable and literally homeless are prioritized for the limited resources available for homeless intervention services. FrontLine Service operates Coordinated Intake and Assessment locally, providing 24/7 response to identify viable alternatives to entering shelter, assess needs for other emergency services, and link people with the most appropriate housing/shelter resource.

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):

- Provide assessment and diversion to persons facing a housing crisis
- Refer households for emergency shelter placement if needed
- Coordinate permanent housing resources targeted to persons experiencing homelessness

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: Mental Health Services for Homeless Persons 1744 Payne Ave | Owner, executive director, other (specify): Susan Neth, executive director |
|---|---|

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| | |
|---|---------------------------------------|
| Cleveland, Ohio 4414 | |
| Vendor Council District: 7 | Project Council District: county-wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| 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 amendment is exercising the option year in the original contract. *See Justification for additional information. |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? | <input checked="" type="checkbox"/> Contract Amendment (list original procurement) RFP10456, closed 9/12/22 <input type="checkbox"/> Other Procurement Method, please describe: |

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

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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| |
|--|
| 59% - US Department of Housing and Urban Development Coordinated Entry grant |
| 41% - HHS 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 checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|---|---|
| Provide status of project. | |
| <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): |
| See table 1 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 10456 |
| Buyspeed RQ# (if applicable): | RFP |
| Infor/Lawson PO# Code (if applicable): | |
| CM Contract# | 2995 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | ER | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-----------------------|---------------------------------|---------------------|------------|
| FrontLine Service Coordinated Intake | | | Department initials | Purchasing |
| Justification Form | | | ER | BRM |
| IG# | 12-1897-REG 31DEC2023 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/12/23 | ER | BRM |
| Auditor’s Finding | Date: | 10/23/23 10/12/23 | ER | BRM |
| Independent Contractor (I.C.) Requirement | Date: | 9/25/23 | ER | BRM |
| Cover - <i>Master amendments only</i> | | | N/A | N/A |
| Contract Evaluation | | | ER | BRM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | ER | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|---------------------|
| | Department initials |
| Agreement/Contract and Exhibits | ER |
| Matrix Law screenshot | ER |
| COI | ER |
| Workers’ Compensation Insurance | ER |
| Original Executed Contract (containing insurance terms) & all executed amendments | ER |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|--|-----------------|----------------|--------------|---------------------|
| Upon signature – 12/31/23 | HS220130 | 55130 | UCH00000 | \$500,000.00 |
| 1/1/23 – 1/31/24 | HS220130 | 55130 | UCH00000 | \$ 0.00 |
| 1/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | \$293,257.00 |
| 1/1/2025 – 12/31/2025 *Future 2025 invoices | HS260350 | 55130 | UCH00000 | \$ 59,000.00 |
| | | | TOTAL | \$852,257.00 |

| | |
|--|-------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | RFP |
| Lawson RQ# (if applicable) | 10456 |
| CM Contract# | 2995 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$400,000.00 | | 1/1/23 – 12/31/23 | 2/27/23 | BC2023-122 |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$852,257.00 | 1/31/25 | Pending | Pending |
| Total Amendments | | \$852,257.00 | | | |
| Total Contact Amount | | \$1,252,257.00 | | | |

Purchasing Use Only:

| | |
|--------------------|---|
| Prior Resolutions: | BC2023-122 |
| Amend: | 2995 |
| Vendor Name: | Mental Health Services for Homeless Persons, Inc. dba Frontline Service |
| ftp: | 1/1/2023-12/31/2025 |
| Amount: | \$852,257.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|----------------|
| Purchasing Buyer’s initials and date of approval | BRM 10/26/2023 |
|---|----------------|

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Mental Health Services for Homeless Persons, Inc. dba FrontLine Service | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 2995 | | | | |
| RQ# | 10456 | | | | |
| Time Period of Original Contract | 1/1/23 – 12/31/23 | | | | |
| Background Statement | The Coordinated Entry System is the front door to accessing shelter and housing services for persons experiencing a housing crisis in Cuyahoga County. The 2009 HEARTH Act requires that Continuums of Care establish a Coordinated Entry System to ensure that those who are most vulnerable and literally homeless are prioritized for the limited resources available for homeless intervention services. | | | | |
| Service Description | Coordinated Entry is the “front door” to access emergency shelter and permanent housing resources for individuals and families experiencing a housing crisis. | | | | |
| Performance Indicators | Number of households assisted annually; percentage of households diverted from entering shelter. | | | | |
| Actual Performance versus performance indicators (include statistics): | Coordinated Entry served 3,352 households (individuals and families) in the first half of 2023. Almost 40% of families were successfully diverted from entering shelter. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | FrontLine Service plays a critical role in ensuring the efficient and effective use of limited shelter and housing resources for homeless persons and families, as well as prioritizing the highest-need households. | | | | |
| Department Contact | Melissa Sirak | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 10/4/23 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0346

| | |
|--|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> | <p>A Resolution authorizing an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; authorizing the County Executive to execute the amendment and all other documents consistent with this Resolution, and declaring the necessity that this Resolution become immediately effective.</p> |
|--|---|

WHEREAS, the County Executive/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services has recommended an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00; and

WHEREAS, the primary goal for this project is to provide safe, high quality, temporary housing services for single adults and youth in Cuyahoga County; and

WHEREAS, this project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes an amendment to Contract No. 3015 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service for temporary housing for single adults and youth at North Point Transitional Housing, located at 1550 Superior Avenue, Cleveland, for the period 1/1/2023 - 12/31/2023 to extend the time period to 12/31/2024, to change the terms effective 1/1/2024, and for additional funds in the amount not-to-exceed \$1,422,933.00.

SECTION 2. That the County Executive is authorized to execute the amendment and all documents consistent with this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | OHS; Mental Health Services for Homeless Persons dba FrontLine Service; 2024 Amend 1; RQ10456; North Point |
| Department or Agency Name | Office of Homeless Services |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC Approved/ Council's Journal Date | Approval No. |
|--------------------------------|--------------------------------|------------------------|-------------------|----------------|---|--------------|
| O | 3015 | Mental Health Services | 1/1/23 – 12/31/23 | \$1,422,933.00 | 3/10/23 | R2023-0040 |
| A - 1 | 2995 | Mental Health Services | 1/1/24 – 12/31/24 | \$1,422,933.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |

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

FrontLine Service operates North Point which serves single adults and youth aged 18-24 years. Residential services are provided 24 hours a day, 7 days a week. The program provides for basic needs such as hygiene products, clothing, laundry services, and three meals a day. Services focus on individuals with high barriers to housing stability and provide wraparound support. North Point case managers provide linkage to services that will assist clients in securing permanent housing and achieving self-sufficiency through a Housing First model.

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):

- Provide safe, trauma-informed, low-barrier, emergency shelter
- Develop and implement a permanent housing plan with each person
- Link clients with community services to secure sustainable income and physical and behavioral health services.

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: Mental Health Services for Homeless Persons | Owner, executive director, other (specify): Susan Neth, executive director |
|---|---|

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| | |
|---|---------------------------------------|
| 1744 Payne Ave Cleveland, Ohio 44114 | |
| Vendor Council District: 7 | Project Council District: county-wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| 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. This amendment is exercising the option year in the original contract. *See Justification for additional information. |
| The total value of the solicitation: | <input type="checkbox"/> Exemption |
| Number of Solicitations (sent/received) / | <input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date |
| Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, <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 checked="" type="checkbox"/> Contract Amendment (<i>list original procurement</i>) RFP10456, closed 9/12/22 <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: N/A | |
| <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. | |

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| |
|--|
| 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% Health and Human Services Levy Funds |
| 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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green, (or we can refer them to instructions) and provide more detail in the instruction

| | |
|---|---|
| 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): |
| See table 1 |

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Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 10456 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO# Code (if applicable): | RFP |
| CM Contract# | 3015 |

| | | |
|---------------|-------------------|---------------------------|
| | Department | Clerk of the Board |
| Briefing Memo | ER | |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the amendment being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|-----------------------|----------|----------------------------|-------------------|
| FrontLine Service North Point | | | Department initials | Purchasing |
| Justification Form | | | ER | EB 10/26/23 |
| IG# | 12-1897-REG 31DEC2023 | | ER | EB 10/26/23 |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/12/23 | ER | EB 10/26/23 |
| Auditor’s Finding | Date: | 10/23/23 | ER | EB 10/26/23 |
| Independent Contractor (I.C.) Requirement | Date: | 9/25/23 | ER | EB 10/26/23 |
| Cover - <i>Master amendments only</i> | | | N/A | N/A |
| Contract Evaluation | | | ER | EB 10/26/23 |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | ER | EB 10/26/23 |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| Reviewed by Law | |
|---|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | ER |
| Matrix Law screenshot | ER |
| COI | ER |
| Workers’ Compensation Insurance | ER |
| Original Executed Contract (containing insurance terms) & all executed amendments | ER |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|--|-----------------|----------------|--------------|-----------------------|
| 1/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | \$1,190,000.00 |
| 1/1/2025 – 12/31/2025 *Future 2025 invoices | HS260350 | 55130 | UCH00000 | \$ 232,933.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$1,422,933.00 |

| | |
|--|-------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# Code (if applicable) | RFP |
| Lawson RQ# (if applicable) | 10456 |
| CM Contract# | 3015 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$1,422,933.00 | | 1/1/23 – 12/31/23 | 3/10/23 | R2023-0040 |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$1,422,933.00 | 12/31/24 | Pending | Pending |
| Total Amendments | | \$1,422,933.00 | | | |
| Total Contact Amount | | \$2,845,866.00 | | | |

Purchasing Use Only:

| | |
|--|---|
| Prior Resolutions: | R2023-0040 |
| Amend: | 1 |
| Vendor Name: | Mental Health Services for Homeless Persons, Inc. DBA Front Line Services |
| ftp: | 1/1/2023 – 12/31/2023 Ext 12/31/2024 |
| Amount: | \$1,422,933.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | 2024 invoices \$1,190,000.00 and future yr 2025 invoices \$232,933.00 |
| Purchasing Buyer’s initials and date of approval | EB 10/26/2023 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Mental Health Services for Homeless Persons, Inc. DBA FrontLine Service | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3015 | | | | |
| RQ# | 10456 | | | | |
| Time Period of Original Contract | 1/1/2023 – 12/31/2023 | | | | |
| Background Statement | North Point was developed to address the needs of homeless individuals with high barriers to housing stability who did not qualify for Permanent Supportive Housing services. The program provides emergency shelter for single adults and youth as well as basic needs and individualized, trauma-informed activities designed to assist them with the transition to permanent housing. | | | | |
| Service Description | <p>North Point's individualized approach to transitional housing services includes housing plan development, assistance with economic self-sufficiency, and assistance with self-care.</p> <p>North Point also provides an array of residential services including daily meals, personal care and hygiene items, as well as bus tickets as needed.</p> | | | | |
| Performance Indicators | Number of persons served; exits to permanent housing; average length of stay. | | | | |
| Actual Performance versus performance indicators (include statistics): | <p># of unduplicated individuals provided shelter: 255</p> <p># exiting: 174</p> <p># exiting to perm housing: 102</p> <p>Average length of stay: 137 days (148 days for leavers; 114 days for stayers)</p> | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | x | | |
| Justification of Rating | Based on performance data, North Point has met the contractual expectations set by the Office of Homeless Services. | | | | |
| Department Contact | Melissa Sirak | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 10/17/23 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0347

| | |
|--|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> | <p>A Resolution authorizing a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024; authorizing the County Executive to execute Contract No. 3868 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|--|---|

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Community Initiatives/Office of Homeless Services recommends a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024; and

WHEREAS, this contract provides supportive services for the PASS Program, a Transitional Housing Program for homeless men; and

WHEREAS, the primary goals of this project are to: (1) to provide basic, temporary housing and safety net services for 75 homeless men, (2) to quickly link clients with Rapid Re-Housing Assistance; and (3) to support clients in accessing earned income and benefits; and

WHEREAS, this project is funded 31% by Health and Human Services Levy Fund and 69% U.S. Department of Housing and Urban Development Rapid Rehousing for Singles Grant Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract with The Salvation Army in the amount not-to-exceed \$794,821.00 for supportive

services for homeless men in the Pickup Assessment Sheltering Service (PASS) Transitional Housing Program for the period 10/1/2023 – 9/30/2024.

SECTION 2. That the County Executive is authorized to execute Contract No 3868 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____,20____

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | OHS; Salvation Army; 2023-2024 Contract for Emergency Shelter and Rapid Rehousing for Single Adults |
| Department or Agency Name | Office of Homeless 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 | 3868 | Salvation Army | 10/1/23 – 9/30/24 | \$794,821.00 | pending | pending |
| | | | | | | |
| | | | | | | |

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

The Pickup Assessment Sheltering Service (PASS) Program is intended to prepare and place homeless men into permanent housing. It provides Temporary Housing, Rapid Rehousing and Recovery Support Services to homeless men, serving 75 men at any given time and an average of 150 to 200 men annually. The overarching goal of the PASS Program is for the men to obtain permanent housing through the utilization of an Individualized Housing First Case Management Plan. The plan focuses on leveraging local resources and HUD Rapid Rehousing funds to transition homeless men into permanent placement.

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

Project Goals, Outcomes or Purpose (list 3):

- Provide basic, temporary housing and safety net services for 75 homeless men at a time
- Link clients with permanent housing.
- Support clients in accessing earned income, recovery supports, and stable incomes.

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: Salvation Army 440 West Nyack Rd West Nyack, NY 10994 | Owner, executive director, other (specify): Michael Southwick, secretary |
| Vendor Council District: n/a – out of state corporate location | Project Council District: County-wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | 1710 Prospect Avenue Cleveland, OH 44115 |

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| 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. RFP exemption based on a subgrant award from the US Department of Housing and Urban Development for Rapid Rehousing for Singles. *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 (%): (0) DBE (0) SBE (0) MBE (0) 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 (<i>list original procurement</i>) <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: N/A | |
| <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. |
| <ul style="list-style-type: none"> 69% US Department of Housing and Urban Development Rapid Rehousing for Singles grant 31% Health & Human Services levy |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| |
|-----------------------------------|
| Provide status of project. |
|-----------------------------------|

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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| | | | |
|--|--|---|--|
| <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: HUD was late in issuing grant agreements. Grant did not get on fiscal agenda until 9/26. | | | |
| Timeline: | | | |
| Project/Procurement Start Date (date your team started working on this item): | | 9/6/23 | |
| Date documents were requested from vendor: | | 9/6/23 | |
| Date of insurance approval from risk manager: | | 9/18/23 | |
| Date Department of Law approved Contract: | | 10/5/23 | |
| 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) Provider has begun providing services per the HUD grant agreement but is aware that they will not receive payment until the contract is active | | | |
| Have payments be made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) | | | |

| HISTORY (see instructions): | | | |
|------------------------------------|-----------|------------|-----------|
| Original Contract | \$250,000 | BC2021-164 | 4/06/2021 |
| Amend 1 | \$794,821 | R2022-0061 | 3/22/2022 |
| Amend 2 | \$794,821 | R2023-0015 | 1/24/2023 |
| | | | |

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Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|------|
| Infor/Lawson RQ#: | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 3868 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | ER | <input type="checkbox"/> |

| | | |
|--|--|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS received the HUD award late | |
| What is being done to prevent this from reoccurring? | N/A- OHS doesn't have control over when HUD issues awards. | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Purchasing | | | | |
|---|-----------------------|----------|----------------------------|-------------------|
| Salvation Army PASS | | | Department initials | Purchasing |
| Justification Form | | | ER | GHM |
| IG# | 23-0271-REG 31DEC2027 | | ER | GHM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/12/23 | ER | GHM |
| Auditor's Finding | Date: | 10/12/23 | ER | GHM |
| Vendor's Submission | | | ER | |
| Independent Contractor (I.C.) Requirement | Date: | 9/6/23 | ER | GHM |
| Cover - <i>Master contracts only</i> | | | N/A | N/A |
| Contract Evaluation – <i>if required</i> | | | ER | GHM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | ER | GHM |

Other documentation may be required depending upon your specific item
 Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Law | |
|--|----------------------------|
| | Department initials |
| Agreement/Contract and Exhibits | ER document attached GHM |
| Matrix Law Screenshot | ER document attached GHM |
| COI | ER document attached GHM |
| Workers' Compensation Insurance | ER document attached GHM |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|--------------------|-----------------|----------------|--------------|---------------------|
| 10/1/23 – 12/31/23 | HS220125 | 55130 | UCH00000 | \$544,821.00 |
| 1/1/24 – 9/30/24 | HS220125 | 55130 | UCH00000 | \$ 0.00 |
| 10/1/23 – 12/31/23 | HS260350 | 55130 | UCH00000 | \$ 40,000.00 |
| 1/1/24 – 9/30/24 | HS220125 | 55130 | UCH00000 | \$210,000.00 |
| | | | TOTAL | \$794,821.00 |

| | |
|---|------|
| Contract History CE/AG# (if applicable) | 585 |
| Infor/Lawson PO# and PO Code (if applicable) | EXMT |
| Lawson RQ# (if applicable) | 3224 |
| CM Contract# | 3868 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$794,821.00 | | 10/1/23 – 9/30/24 | Pending | Pending |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$794,821.00 | 10/1/23 – 9/30/24 | | |
| Total Amendments | | \$ | | | |
| Total Contact Amount | | \$794,821.00 | | | |

Purchasing Use Only:

| | |
|--------------------|---|
| Prior Resolutions: | N/A |
| CM#: | 3868 |
| Vendor Name: | The Salvation Army |
| ftp: | 10/01/2023 – 09/30/2024 |
| Amount: | \$794,821.00 |
| History/CE: | N/A |
| EL: | ok |
| Procurement Notes: | The Office of Homeless Services requesting to contract with The Salvation Army for the period of 10/1/23 – 9/30/24 for the PASS Program to provide Temporary Housing and Rapid Rehousing for single men, in the amount of \$794,821.00. Funding : 69% (\$544,821) U.S. Department of Housing and Urban Development Rapid Rehousing for Singles grant and 31% (\$250,000) HHS Levy |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Purchasing Buyer approval: GHM 10/26/2023

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Salvation Army | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 585 | | | | |
| RQ# | 3224 | | | | |
| Time Period of Original Contract | 1/1/2021 – 12/31/21 | | | | |
| Background Statement | Salvation Army was awarded a contract in 2020 to operate the PASS Rapid Re-Housing Program, which provides 75 beds at a point in time for homeless men. | | | | |
| Service Description | The PASS Program provides Temporary Housing, referrals for Rapid Re-Housing, employment linkages, recovery support, and housing search assistance to homeless, adult men. | | | | |
| Performance Indicators | Number of people assisted annually; exits to permanent housing. | | | | |
| Actual Performance versus performance indicators (include statistics): | The Salvation Army served 250 unique individuals in 2022. Of those who left the program, 80% exited to permanent housing. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | The Salvation Army PASS Rapid Re-Housing Program has consistently met expectations for % of individuals exiting to PH, despite significant barriers faced by this population. | | | | |
| Department Contact | Melissa Sirak | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 10/12/23 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2023-0348

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> | <p>A Resolution authorizing a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women’s Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 3879 and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.</p> |
|--|--|

WHEREAS, the County Executive/Department of Health and Human Services/ Division of Community Initiatives/Office of Homeless Services recommends a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women’s Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 – 12/31/2025; and

WHEREAS, Emerald Development and Economic Network, Inc. owns and manages the property located at 2227 Payne Ave Cleveland 44114. This site houses the Norma Herr Community Women’s Shelter, which serves Cuyahoga County as a low-barrier shelter for single adult women.

WHEREAS, the primary goals of this project are to: (1) ensure a safe and clean environment for shelter guests, visitors and service provider staff, (2) maintain building systems for safe economical, efficient operation and (3) comply with local OHS Advisory Board standards; and

WHEREAS, this project is funded 100% by Health and Human Services Levy Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue and to provide for the usual, daily operation of a County entity.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNTY COUNCIL OF CUYAHOGA COUNTY, OHIO:

SECTION 1. That the Cuyahoga County Council hereby authorizes a contract with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$993,190.00 for facility management services for the Norma Herr Women’s Shelter, located at 2227 Payne Avenue, Cleveland, for the period 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Contract No 3879 and all other documents consistent with said award and this Resolution. To the extent that any exemptions are necessary under the County Code and contracting procedures, they shall be deemed approved by the adoption of this Resolution.

SECTION 3. It is necessary that this Resolution become immediately effective for the usual daily operation of the County; the preservation of public peace, health or safety in the County; and any additional reasons set forth in the preamble. Provided that this Resolution receives the affirmative vote of at least eight members of Council, it shall take effect and be in force immediately upon the earliest occurrence of any of the following: (1) its approval by the County Executive through signature, (2) the expiration of the time during which it may be disapproved by the County Executive under Section 3.10(6) of the Cuyahoga County Charter, or (3) its passage by at least eight members of Council after disapproval pursuant to Section 3.10(7) of the Cuyahoga County Charter. Otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

SECTION 4. It is found and determined that all formal actions of this Council relating to the adoption of this Resolution were adopted in an open meeting of the Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

On a motion by _____, seconded by _____, the foregoing Resolution was duly adopted.

Yeas:

Nays:

County Council President

Date

County Executive

Date

Clerk of Council

Date

First Reading/Referred to Committee: November 14, 2023
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____,20____

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | OHS; Emerald Development and Economic Development (EDEN), Inc; 2024-2025; Norma Herr Women's Shelter Facilities Management |
| Department or Agency Name | Office of Homeless 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 | 3879 | EDEN, Inc. | 1/1/24-12/31/25 | \$993,190.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |

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

Emerald Development and Economic Network (EDEN), Inc. owns and manages the property located at 2227 Payne Ave Cleveland 44114. This site houses the Norma Herr Community Women's Shelter, which serves Cuyahoga County as a low-barrier shelter for single adult women. As the owner of the building, EDEN, Inc. will provide property management services to ensure the building remains in compliance with local requirements as well as OHS Advisory Board-approved shelter standards. Services will include ongoing maintenance of the facility due to its age and intensive use, 24/7 on-call response for emergency repairs normal maintenance and repairs, staffing and services for custodial and housekeeping, insurance coverage, utility costs, asset management, and groundskeeping.

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):**
- Ensure a safe and clean environment for shelter guests, visitors, and service provider staff
 - Maintain building systems (heat, water, electric) for safe, economical, efficient operation, with 24/7 emergency support
 - Comply with local requirements as well as OHS Advisory Board-approved shelter standards

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: Emerald Development and Economic Network 7812 Madison Ave Cleveland, Ohio 44102 | Owner, executive director, other (specify): Elaine Gimmel, executive director |
|---|--|

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| | |
|---|---------------------------------------|
| Vendor Council District: 7 | Project Council District: county-wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| 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. EDEN is the owner of the building and is a housing development agency that already does facilities management county-wide. They have the existing infrastructure to provide these services cost-effectively. *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 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 funds |
|--|

Commented [CK1]: Suggestion by MBV - I can't recall exactly how she said it. See text in green. (or we can refer them to instructions) and provide more detail in the instruction.

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

| | |
|--|---|
| Provide status of project. | |
| <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: | 8/25/23 |
| Project/Procurement Start Date (date your team started working on this item): | |
| Date documents were requested from vendor: | 9/1/23, 9/11/23 |
| Date of insurance approval from risk manager: | 10/17/23 |
| 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: N/A | |
| If late, have services begun? <input type="checkbox"/> No <input checked="" 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): | | |
| Original Contract | 2/16/2021 | BC2021-73 |
| Amend 1 | 2/7/2022 | BC2022-80 |
| Amend 2 | 2/21/2023 | BC2023-103 |

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Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|------|
| Infor/Lawson RQ#: | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 3879 |

| | | |
|---------------|----------------------------|---------------------------|
| | Department initials | Clerk of the Board |
| Briefing Memo | ER | <input type="checkbox"/> |

| | | |
|--|------------------------------|--|
| Late Submittal Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Why is the contract being submitted late? | | |
| What is being done to prevent this from reoccurring? | | |

| | | |
|---|------------------------------|--|
| TAC or CTO Required or authorized IT Standard | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|---|------------------------------|--|

| OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Purchasing | | | | |
|--|-------------|-----------|----------------------------|---|
| EDEN Facilities Management | | | Department initials | Purchasing |
| Justification Form | | | ER | GHM |
| IG# | 20-0161-REG | 31DEC2024 | ER | Emerald Development & Economic Network, Inc. (EDEN) 20-0161-REG 31DEC2024 GHM |
| Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/17/23 | ER | GHM |
| Auditor’s Finding | Date: | 10/17/23 | ER | GHM |
| Vendor’s Submission | | | ER | |
| Independent Contractor (I.C.) Requirement | Date: | 9/5/23 | ER | GHM |
| Cover - <i>Master contracts only</i> | | | N/A | N/A |
| Contract Evaluation – <i>if required</i> | | | ER | GHM |
| TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required. | | | N/A | N/A |
| Checklist Verification | | | ER | GHM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

| OTHER THAN FULL AND OPEN COMPETITION RFP Exemptions (Contract) Reviewed by Law | | | | |
|--|--|--|--|--|
|--|--|--|--|--|

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | Department initials |
|---------------------------------|--------------------------|
| Agreement/Contract and Exhibits | ER document attached GHM |
| Matrix Law Screenshot | ER document attached GHM |
| COI | ER document attached GHM |
| Workers’ Compensation Insurance | ER document attached GHM |

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|---|-----------------|----------------|--------------|---------------------|
| 1/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | \$415,000.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | \$496,595.00 |
| 1/1/26 – 12/31/26 (for future 2026 invoices) | HS260350 | 55130 | UCH00000 | \$ 81,595.00 |
| | | | | |
| | | | TOTAL | \$993,190.00 |

| | |
|---|------|
| Contract History CE/AG# (if applicable) | |
| Infor/Lawson PO# and PO Code (if applicable) | EXMT |
| Lawson RQ# (if applicable) | N/A |
| CM Contract# | 3841 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|---------------------|---------------------|---------------------------------------|---------------|------------|
| Original Amount | \$993,190.00 | | 1/1/24 – 12/31/25 | Pending | Pending |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$993,190.00 | 01/01/2024 – 12/31/2025 | | |
| Total Amendments | | \$ | | | |
| Total Contact Amount | | \$993,190.00 | | | |

Purchasing Use Only:

| | |
|--------------------|---|
| Prior Resolutions: | N/A |
| CM#: | 3879 |
| Vendor Name: | Emerald Development & Economic Network, Inc |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--------------------|--|
| ftp: | 01/01/2024 – 12/31/2025 |
| Amount: | \$993,190.00 |
| History/CE: | 3841 |
| EL: | ok |
| Procurement Notes: | The Department of Health and Human Services, Office of Homeless Services requests to contract with Emerald Development and Economic Network, Inc (EDEN) for facilities management of the Norma Herr Women’s Center in the amount of \$993,190.00 for a term of 01/01/24 – 12/31/25. Funding: 100% Health & Human Services Levy |

Purchasing Buyer approval: GHM 10/26/2023

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Emerald Development and Economic Network, Inc. | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 615/2532 (copy) | | | | |
| RQ# | 3947 | | | | |
| Time Period of Original Contract | 1/01/21 - 12/31/21 | | | | |
| Background Statement | Emerald Development and Economic Network, Inc. owns and manages the property that is used as the site for the publicly funded Emergency Shelter for Women. | | | | |
| Service Description | The contract supports the operating costs of the facility: utilities, cleaning, maintenance, client storage access, laundry appliances and shower maintenance. In addition, EDEN provides bio-hazard cleanup and removal as needed and pest control. | | | | |
| Performance Indicators | Facility meets health, safety, and building codes for the City of Cleveland. Clients and staff feel that the building is safe and clean. | | | | |
| Actual Performance versus performance indicators (include statistics): | There are significant challenges to the ongoing maintenance of the facility due to its age and intensive use. EDEN has maintained increased cleaning contract requirements and has 24/7 on-call response for emergency repairs. EDEN has been very responsive to YWCA program management and resident concerns. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Over 180 women and 30 staff use the building on a 24/7 basis. The facility is subject to significant wear and tear and the cleaning and service needs are extensive. EDEN is responsive and client-focused in its service approach. | | | | |
| Department Contact | Melissa Sirak | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 10/4/23 | | | | |