



AGENDA
CUYAHOGA COUNTY HEALTH, HUMAN SERVICES & AGING
COMMITTEE MEETING
WEDNESDAY, NOVEMBER 20, 2024
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4TH FLOOR
1:00 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 OCTOBER 30, 2024 MEETING** [See Page 9]
- 5. MATTERS REFERRED TO COMMITTEE**
 - a) **R2024-0390**: A Resolution awarding a total sum, not to exceed \$15,000, to Friendly Inn Settlement, Inc. for the HVAC Capital Upgrade Project from the District 3, District 7, and District 9 ARPA Community Grant Funds; and declaring the necessity that this Resolution become immediately effective. [See Page 11]
 - b) **R2024-0391**: A Resolution awarding a total sum, not to exceed \$10,000, to the YMCA of Greater Cleveland for the Parker Hannifin Downtown YMCA Financial Assistance Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 19]

- c) R2024-0392: A Resolution awarding a total sum, not to exceed \$6,500, to the City of Middleburg Heights for the Senior Life Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 27]
- d) R2024-0393: A Resolution awarding a total sum, not to exceed \$6,500, to the City of Parma Heights for the purchase of exercise equipment for the Parma Heights Senior Center from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 35]
- e) R2024-0394: A Resolution awarding a total sum, not to exceed \$6,500, to the Parma Commission on Aging, Inc. for the Hearing Loop Installation Project from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 43]
- f) R2024-0399: A Resolution awarding a total sum, not to exceed \$10,000, to the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation for the Community Expungement Clinic Project from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 51]
- g) R2024-0400: A Resolution awarding a total sum, not to exceed \$10,000, to the Young Women’s Christian Association of Cleveland for the purpose of eliminating racism, empowering women, and ending homelessness from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. [See Page 59]
- h) R2024-0423: 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 – 12/31/2024, to extend the time period to 3/31/2025, to make budget line-item revisions, and for additional funds in the total amount not-to-exceed \$1,228,433.65, effective 1/1/2025; 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 68]
 - 1) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority in the anticipated amount not-to-exceed \$61,981.30.
 - 2) Contract No. 4754 with East End Neighborhood House in the anticipated amount not-to-exceed \$61,981.30.

- 3) Contract No. 1103 with Murtis Taylor Human Services System in the anticipated amount not-to-exceed \$198,013.23.
 - 4) Contract No. 1105 with University Settlement in the anticipated amount not-to-exceed \$220,517.29.
 - 5) Contract No. 3261 (fka Contract No. 1098) with Catholic Charities Corporation in the anticipated amount not-to-exceed \$172,489.94.
 - 6) Agreement No. 3262 (fka Agreement No. 1099) with City of Lakewood in the anticipated amount not-to-exceed \$146,466.65.
 - 7) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center in the anticipated amount not-to-exceed \$74,050.64.
 - 8) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children in the anticipated amount not-to-exceed \$110,258.64.
 - 9) Contract No. 3269 (fka Contract No. 1106) with West Side Community House in the anticipated amount not-to-exceed \$182,674.66.
- i) R2024-0424: A Resolution making awards on RQ14613 to various providers in the total amount not-to-exceed \$5,330,000.00 for family-centered support services for at-risk children and families for the period of 1/1/2025 – 12/31/2026; 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 115]
- 1) Contract No. 4931 with Ace Wellness Center LLC in the anticipated amount not-to-exceed \$140,000.00.
 - 2) Contract No. 4932 with Applewood Centers, Inc. in the anticipated amount not-to-exceed \$1,100,000.00.
 - 3) Contract No. 4934 with Beech Brook in the anticipated amount not-to-exceed \$800,000.00.
 - 4) Contract No. 4935 with Bellefaire Jewish Children's Bureau in the anticipated amount not-to-exceed \$222,000.00.

- 5) Contract No. 4936 with Catholic Charities Corporation in the anticipated amount not-to-exceed \$1,200,000.00.
 - 6) Contract No. 4937 with JusticeWorks OH, LLC in the anticipated amount not-to-exceed \$128,000.00.
 - 7) Contract No. 4938 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in the anticipated amount not-to-exceed \$360,000.00.
 - 8) Contract No. 4939 with National Youth Advocate Program, Inc. in the amount not-to-exceed \$140,000.00.
 - 9) Contract No. 4940 with OhioGuidestone in the anticipated amount not-to-exceed \$300,000.00.
 - 10) Contract No. 4941 with Pressley Ridge in the anticipated amount not-to-exceed \$800,000.00.
 - 11) Contract No. 4942 with Specialized Alternatives for Families and Youth of Ohio, Inc. in the anticipated amount not-to-exceed \$140,000.00.
- j) R2024-0425: A Resolution authorizing an amendment to a Master Contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 for additional funds in the total amount not-to-exceed \$600,000.00; 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 181]

For additional funds:

- 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services in the anticipated amount not-to-exceed \$1,300.00.
- 2) Contract No. 3733 with Senior Transportation Connection for Transportation services in the anticipated amount not-to-exceed \$50,000.00.
- 3) Contract No. 3736 with Transport Assistance, Inc. for Transportation services in the anticipated amount not-to-exceed \$6,000.00.
- 4) Contract No. 3750 with XCEL Healthcare Providers, Inc. in the anticipated amount not-to-exceed \$16,000.00.

- 5) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$200,000.00.
- 6) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$15,000.00.
- 7) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$18,000.00.
- 8) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services in the anticipated amount not-to-exceed \$7,900.00.
- 9) Contract No. 3779 with ABC International Services, Inc. for Chore and Grab Bar services in the anticipated amount not-to-exceed \$5,900.00.
- 10) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services. in the anticipated amount not-to-exceed \$500.00.
- 11) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$7,500.00.
- 12) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$235,800.00.
- 13) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services in the anticipated amount not-to-exceed \$7,100.00.
- 14) Contract No. 4798 (fka Contract No. 3749) with Blue Heron Holdings, LLC for Laundry services in the anticipated amount not-to-exceed \$18,000.00.
- 15) Contract No. 4958 (fka Contract No. 3776) with Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services in the anticipated amount not-to-exceed \$11,000.00.

No additional funds required:

- 1) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
 - 2) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
 - 3) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
 - 4) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
 - 5) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
 - 6) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home Care & Staffing for Homemaker and Personal Care Services.
 - 7) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
 - 8) Contract No. 3789 with Caring Hearts Health Services LLC for Homemaker, Personal Care, Chore and Laundry services.
- k) R2024-0428: A Resolution authorizing an amendment to Contract No. 4868 with The Salvation Army 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 to extend the time period to 9/30/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$800,101.00, effective 10/1/2024; 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 280]
- l) R2024-0429: A Resolution making awards with various providers in the total amount not-to-exceed \$4,000,000.00 for operating support of Department of Housing and Urban Development (HUD) - approved permanent housing services for the period 7/1/2024 – 6/30/2026; 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 289]

- 1) Contract No. 4700 with Emerald Development & Economic Network, Inc. in the anticipated amount not-to-exceed \$1,910,166.00.
 - 2) Contract No. 4701 with Famicos Foundation, Inc. in the anticipated amount not-to-exceed \$300,194.00.
 - 3) Contract No. 4702 with Front Steps Housing & Services, Inc. in the anticipated amount not-to-exceed \$556,860.00.
 - 4) Contract No. 4703 with Humility of Mary Housing, Inc. in the amount not-to-exceed \$221,592.00.
 - 5) Contract No. 4704 with Mental Health Services for Homeless Persons, Inc. dba FrontLine Services in the anticipated amount not-to-exceed \$357,386.00.
 - 6) Contract No. 4705 with The Young Women’s Christian Association of Greater Cleveland, Ohio - YWCA Cogswell Hall in the anticipated amount not-to-exceed \$370,650.00.
 - 7) Contract No. 4706 with The Young Women’s Christian Association of Greater Cleveland, Ohio - YWCA Independence Place in the anticipated amount not-to-exceed \$283,152.00.
- m) R2024-0430: A Resolution making an award to Lutheran Metropolitan Ministry in the amount not-to-exceed \$3,108,549.00 for joint transition and rapid housing project services in connection with the Youth Homelessness Demonstration Program for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 4944 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 319]
- n) R2024-0431: A Resolution making an award on RQ15000 to Oriana House, Inc. in the amount not-to-exceed \$1,737,594.00 for administration and operational services for the Neighborhood Re-entry Resource Center for the period 1/1/2025 – 12/31/2027; authorizing the County Executive to execute Contract No. 4970 and all other documents consistent with said award and this Resolution; and declaring the necessity that this Resolution become immediately effective. [See Page 329]

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, OCTOBER 30, 2024

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 and Miller were in attendance and a quorum was determined. Committee member Stephens arrived after the roll call was taken. Committee member Turner was absent.

A motion was made by Ms. Conwell, seconded by Mr. Miller and approved by unanimous vote to excuse Ms. Turner from the meeting.

3. PUBLIC COMMENT

There were no public comments given.

4. APPROVAL OF MINUTES FROM THE OCTOBER 16, 2024 MEETING

A motion was made by Mr. Sweeney, seconded by Mr. Miller and approved by unanimous vote to approve the minutes from the October 16, 2024 meeting.

5. MATTERS REFERRED TO COMMITTEE

- a) R2024-0387: 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 – 12/31/2024, to extend the time period to 12/31/2025, to change the scope of services and terms, and for additional funds in the amount not-to-exceed \$1,551,000.00 effective upon signature of all parties;

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.

Mr. Marcos Cortes, Administrator of the Division of Contracts and Performance for the Department of Health and Human Services; Ms. Karen Stormann, Social Program Administrator for the Division of Children and Family Services; and Dr. Aparna Roy, Department Chair of Pediatrics for The MetroHealth System, addressed the Committee regarding Resolution No. R2024-0387. Discussion ensued.

Committee members asked questions of Mr. Cortes, Ms. Stormann and Dr. Roy pertaining to the item, which they answered accordingly.

On a motion by Ms. Conwell with a second by Mr. Miller, Resolution No. R2024-0387 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.

6. PRESENTATION

- a) Resource Center and Housing Initiative -
Michael V. Bernot, Executive Director, West Side Catholic Center

Mr. Michael V. Bernot, Executive Director, West Side Catholic Center made a presentation to the committee, which included an overview of the agency's history, Resource Center services, Moriah House Family Shelter, Zacchaeus Housing Solutions Program, Family Engagement and Family Success Network, Workforce Development, and a breakdown of 2023 revenue and expenses and ARPA funding assistance.

Committee members asked questions of Mr. Bernot pertaining to the presentation, which he answered accordingly.

7. MISCELLANEOUS BUSINESS

There was no miscellaneous business.

8. ADJOURNMENT

With no further business to discuss, Chairwoman Conwell adjourned the meeting at 1:49 p.m., without objection.

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0390

| | |
|--|--|
| Sponsored by: Councilmembers Sweeney, Conwell, and Turner | A Resolution awarding a total sum, not to exceed \$15,000, to Friendly Inn Settlement, Inc. for the HVAC Capital Upgrade Project from the District 3, District 7, and District 9 ARPA Community Grant Funds; and declaring the necessity that this Resolution become immediately effective. |
|--|--|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$5,000, from the District 7 ARPA Community Grant Fund in the amount of \$5,000, and District 9 ARPA Community Grant Fund in the amount of \$5,000, for a total amount not-to-exceed \$15,000 to Friendly Inn Settlement, Inc. for the HVAC Capital Upgrade Project; and

WHEREAS, Friendly Inn Settlement, Inc. estimates approximately 8,000 people will be served annually through this award; and

WHEREAS, Friendly Inn Settlement, Inc. estimates the total cost of the project is \$60,000; and

WHEREAS, Friendly Inn Settlement, Inc. indicates the other funding source(s) for this project includes:

- A. \$640,086.28 from the Moron Family Foundation;
- B. \$15,000; and

WHEREAS, Friendly Inn Settlement, Inc. is estimating the start date of the project will be December 2024 and the project will be completed by January 2025; and

WHEREAS, Friendly Inn Settlement, Inc. requested \$15,000 from the District 3, District 7 and District 9 ARPA Community Grant Funds to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$15,000 to Friendly Inn Settlement, Inc. to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$15,000 to Friendly Inn Settlement, Inc. from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the HVAC Capital Upgrade Project.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| APPLICANT INFORMATION: | |
|---|---------------------------------|
| Name of Requesting Entity (City, Business, Non-Profit, etc.): Friendly Inn Settlement, Inc | |
| Address of Requesting Entity: 2386 Unwin Road Cleveland Ohio 44104 | |
| County Council District # of Requesting Entity: # 3 | |
| Address or Location of Project if Different than Requesting Entity: | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: | |
| Contact Name of Person Filling out This Request: Yolanda Y. Armstrong, MSSA, LSW | |
| Contact Address if different than Requesting Entity: Same as Above | |
| Email: yarmstrong@thefriendlyinn.org | Phone: 216-408-0071 cell |
| Federal IRS Tax Exempt No.: 34-0714413 | Date: 10/21/2024 |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

Capital Upgrade for Friendly Inn Settlement, Inc HVAC System

This project is important because Friendly Inn Settlement serves over 8,000 residents and community partners who utilize our 41,000 sqft. building for a plethora of services that are provided to individuals and families not only in the Central Neighborhood but in the surrounding areas. We have been the cornerstone of the Central Community and a safe space to receive social services for families experiencing food insecurity, maternal and infant health concerns, and at-risk concerns among our most vulnerable our youth and senior citizens.

The original HVAC System was put in place in 2003 and within the past year we have had it services at least 15 times and have been told its time for an upgrade and/or new HVAC System. We would like to contract with an HVAC company as early as December 1st if not sooner and have this upgrade completed no later than January 31. 2025.

Project Start Date: December 1, 2024

Project End Date: January 30, 2025

IMPACT OF PROJECT:

Who will be served:

Residents and Community Partners

How many people will be served annually:

8,000+

Will low/moderate income people be served; if so how: Yes Majority of the families that we serve fall under the 200% poverty level.

How does the project fit with the community and with other ongoing projects: This project will allow for all those in the community to continue to receive services in an environment that is conducive in providing a comfortable atmosphere that heating and cooling system will be used as appropriate.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary: NA

If applicable, what environmental issues or benefits will there be: People will be served in an environment with a comfortable atmosphere and temperature in the building.

If applicable, how does this project serve as a catalyst for future initiatives: There are more upgrades needed but having the support of ARPA Funds to address the HVAC concern will help others to understand the significance of how and why our capital improvement list needs to be completed.

FINANCIAL INFORMATION:

Total Budget of Project:\$60,000

Other Funding Sources of Project (list each source and dollar amount separately):

We are applying for funding from:

Morton Family Foundation \$640,086.28

Personal Donations \$15,000

Total amount requested of County Council American Resource Act Dollars: \$15,000

Since these are one-time dollars, how will the Project be sustained moving forward:

Unrestricted Grants

Personal Donations

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Yolanda Y. Armstrong MSA, LSW

Signature:

Yolanda Y. Armstrong
MSA, LSW

Date:

10/21/24

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0391

| | |
|--|---|
| Sponsored by: Councilmember Sweeney | A Resolution awarding a total sum, not to exceed \$10,000, to the YMCA of Greater Cleveland for the Parker Hannifin Downtown YMCA Financial Assistance Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|--|---|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$10,000 to the YMCA of Greater Cleveland for the Parker Hannifin Downtown YMCA Financial Assistance Program; and

WHEREAS, the YMCA of Greater Cleveland estimates approximately 408 people will be served annually through this award; and

WHEREAS, the YMCA of Greater Cleveland estimates the total cost of the project is \$10,000; and

WHEREAS, the YMCA of Greater Cleveland is estimating the start date of the project will be January 2025 and the project will be completed by December 2025; and

WHEREAS, the YMCA of Greater Cleveland requested \$10,000 from the District 3 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$10,000 to the YMCA of Greater Cleveland to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$10,000 to the YMCA of Greater Cleveland from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Parker Hannifin Downtown YMCA Financial Assistance Program.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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

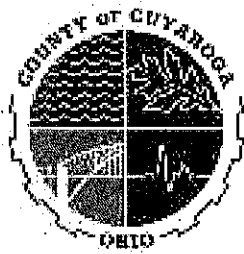
Clerk of Council

Date

First Reading/Referred to Committee: November 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____

_____, 20____



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

APPLICANT INFORMATION:

Name of Requesting Entity (City, Business, Non-Profit, etc.):

Parker Hannifin Downtown YMCA a branch of the YMCA of Greater Cleveland

Address of Requesting Entity:

1301 E. 9th Street, Cleveland, OH 44114

County Council District # of Requesting Entity:

3

Address or Location of Project if Different than Requesting Entity:

County Council District # of Address or Location of Project if Different than Requesting Entity:

Contact Name of Person Filling out This Request:

Camille Travis

Contact Address if different than Requesting Entity:

Email: ctravis@clevelandymca.org

Phone: 216-344-7700

Federal IRS Tax Exempt No.:

34-0714728

Date: 10-28-24

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

This funding will help to expand the Parker Hannifin Downtown YMCA Financial Assistance Program. The YMCA scholarship program is a sliding fee scale designed to provide membership and/or program assistance for any family, adult or senior who desires to participate, regardless of their ability to pay the published fee. Those not able to pay the full fee may be awarded a partial scholarship based on their financial circumstances and the YMCA's ability to fund the subsidy.

All YMCA members receive the same membership benefits, regardless of whether they are receiving assistance. The Y is an organization for all. With increased funding, we will be able to expand our reach and create more opportunities for community members to experience the holistic well-being and sense of belonging that can be achieved at the YMCA.

Funds are distributed on a case-by-case basis and will begin as soon as funds are received. The goal is to identify and award approximately 50 members of our community with a year of partial financial assistance, ensuring all funds are utilized by the end of the 2025 calendar year. Our program requires that each member pay something so that they are motivated to utilize the membership.

Financial assistance tracking will be maintained by the Membership Director at the Downtown YMCA.

Project Start Date: January 1, 2025

Project End Date: December 31, 2025

IMPACT OF PROJECT:

Who will be served:

Our financial assistance program serves members of the community who reside near the Downtown YMCA. Community members from diverse backgrounds of all ages and spanning many ethnicities and socio economic classes are able to benefit from our program and gain access to resources and programming provided by the YMCA.

How many people will be served annually:

In 2024, we have awarded financial assistance scholarships to 408 individuals' year to date. With additional funding of \$10,000, we can expand that number by offering a year of partial financial assistance membership to approximately 50 additional members of the community we serve.

Will low/moderate income people be served; if so how:

Our financial assistance program is an income-based program with reduced rates determined with our standard application which takes into consideration household income, with exceptions made on a case by case for emergency situations. Decisions for financial assistance are the made by branch staff based on available data and following an association wide pre-determined scale.

How does the project fit with the community and with other ongoing projects:

At the YMCA of Greater Cleveland, we are committed to strengthening our community by connecting all people to their potential, purpose, and each other. Our mission, driven by local initiatives, focuses on empowering young people, enhancing health and well-being, and fostering a sense of community. We believe in inclusivity, ensuring that financial assistance is available to those in need.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary: N/A

If applicable, what environmental issues or benefits will there be: N/A

If applicable, how does this project serve as a catalyst for future initiatives: The Y has always been a place for all and we will continue to raise funds annually to be sure our mission is carried out.

FINANCIAL INFORMATION:**Total Budget of Project:****\$10,000****Other Funding Sources of Project (list each source and dollar amount separately):**

The YMCA of Greater Cleveland's Annual Campaign is another source for financial assistance offered to community members. The Annual Campaign is funded by individual donors, corporations and foundations.

Total amount requested of County Council American Resource Act Dollars:**\$10,000****Since these are one-time dollars, how will the Project be sustained moving forward:**

Funding for future financial assistance will continue through the Annual Campaign and other grant sources through continued engagement of generous members and supporters of the YMCA.

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

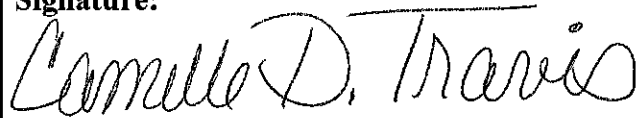
I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name: Camille D. Travis

Signature:



Date:

10-28-24

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0392

| | |
|--|--|
| Sponsored by: Councilmember Byrne | A Resolution awarding a total sum, not to exceed \$6,500, to the City of Middleburg Heights for the Senior Life Program from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|--|--|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$6,500 to the City of Middleburg Heights for the Senior Life Program; and

WHEREAS, the City of Middleburg Heights estimates approximately 10,000 people will be served annually through this award; and

WHEREAS, the City of Middleburg Heights estimates the total cost of the project is \$75,000 annually; and

WHEREAS, the City of Middleburg Heights indicates the other funding source(s) for this project includes 60% from the City of Middleburg Heights, 20% from sponsors, and 20% from seniors; and

WHEREAS, the City of Middleburg Heights is estimating the project will begin upon receipt and the project will be completed by December 2024; and

WHEREAS, the City of Middleburg Heights requested \$5,000 from the District 3 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$6,500 to the City of Middleburg Heights to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$6,500 to the City of Middleburg Heights from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Senior Life Program.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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 12, 2024

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

Journal _____

_____, 20____



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| | |
|---|----------------------------------|
| APPLICANT INFORMATION: | |
| Name of Requesting Entity (City, Business, Non-Profit, etc.): <i>City of Middleburg Heights Recreation</i> | |
| Address of Requesting Entity: <i>16000 Bagley Road, Middleburg Heights, Ohio 44130</i> | |
| County Council District # of Requesting Entity: <i>District #4</i> | |
| Address or Location of Project if Different than Requesting Entity: | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: | |
| Contact Name of Person Filling out This Request: <i>Mark Elliott, Recreation Director</i> | |
| Contact Address if different than Requesting Entity: | |
| Email: <i>melliott@middleburgheights.com</i> | Phone: <i>(440) 234-2255</i> |
| Federal IRS Tax Exempt No.: <i>34-6001879</i> | Date: <i>October 21, 2024</i> |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

Middleburg Heights Senior Life -

It is designed for the Senior Population 60+ who seek to live an active, healthy, and social life style. This is achieved by offering a wide variety of activities, all of which, are interesting, affordable, and enjoyable. Our goal is to reach as many individuals, with all abilities, as possible. The activities are offered throughout the year on a daily, weekly, and monthly basis. These include water exercises and fitness classes, bocce ball, cornhole, pickleball, ping pong, book club, card playing, crafts, ice cream socials, dances and movies. We also offer a series of Lunch + Learn Educational programs that are specific to a topic, health fairs, and very popular monthly bus trips. Add in a summer picnic, fall clambake, and a summer Concert Series you would conclude that we keep everyone busy and have fun doing it!

Project Start Date:

Upon receipt

Project End Date:

December 2024

IMPACT OF PROJECT:

Who will be served:

Our senior population 60+

How many people will be served annually:

The participation in all of our programming is outstanding. When considering how many annually we are serving, nearly 10,000 people.

Will low/moderate income people be served; if so how:

Yes, many of our programs, events, and presentations are free. Other times the city will supplement the cost to keep it affordable. Local vendors will also sponsor some programming. Bus trips (including transportation, lunch, and tickets) are the most costly.

How does the project fit with the community and with other ongoing projects:

Our city officials have established a very consistent philosophy throughout the community.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:

If applicable, what environmental issues or benefits will there be:

Monthly Bus trips apply to this section, it is much safer to reserve a tour bus and driver than having many individuals drive. Providing a bus is one of the most energy efficient and least polluting forms of transportation.

If applicable, how does this project serve as a catalyst for future initiatives:

Our senior programming is very popular. We are providing fun and exciting experiences right here in their home town. Without that opportunity many seniors may never have the chance to visit or experience these places. The seniors feel safe and are comfortable right here in their own community.

FINANCIAL INFORMATION:

Total Budget of Project:

\$ 75,000 yearly

Other Funding Sources of Project (list each source and dollar amount separately):

| | |
|----------|-----|
| City | 60% |
| Sponsors | 20% |
| Seniors | 20% |

Total amount requested of County Council American Resource Act Dollars:

\$ 5,000.

Since these are one-time dollars, how will the Project be sustained moving forward:

The City of Middleburg Hts is prepared to provide assistance and supplement the program to keep costs affordable.

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Mark Elliott

Signature:

Mark Elliott

Date:

10/21/24

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0393

| | |
|--|--|
| Sponsored by: Councilmember Byrne | A Resolution awarding a total sum, not to exceed \$6,500, to the City of Parma Heights for the purchase of exercise equipment for the Parma Heights Senior Center from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|--|--|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$6,500 to the City of Parma Heights for the purchase of exercise equipment for the Parma Heights Senior Center; and

WHEREAS, the City of Parma Heights estimates approximately 300 people will be served annually through this award; and

WHEREAS, the City of Parma Heights estimates the total cost of the project is \$5,000; and

WHEREAS, the City of Parma Heights is estimating the project will begin immediately and will remain ongoing; and

WHEREAS, the City of Parma Heights requested \$5,000 from the District 3 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$6,500 to the City of Parma Heights to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$6,500 to the City of Parma Heights from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the purchase of exercise equipment for the Parma Heights Senior Center.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____

_____, 20____



Cuyahoga County Council

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| APPLICANT INFORMATION: | |
|--|------------------|
| Name of Requesting Entity (City, Business, Non-Profit, etc.): | |
| The City of Parma Heights - Parma Heights Senior Center | |
| Address of Requesting Entity: | |
| 6281 Pearl Rd, Parma Heights Ohio 44130 | |
| County Council District # of Requesting Entity: | |
| 4 | |
| Address or Location of Project if Different than Requesting Entity: | |
| 9275 North Church Drive Parma Heights Ohio 44130 | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: | |
| 4 | |
| Contact Name of Person Filling out This Request: | |
| Trish James | |
| Contact Address if different than Requesting Entity: | |
| | |
| Email: | Phone: |
| tjames@parmaheights.us | 440.888.4416 |
| Federal IRS Tax Exempt No.: | Date: |
| 34-6002164 | October 19, 2024 |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project): Healthy Aging

An ongoing project (goal) of our center has been focused on healthy aging. It has been proven that staying active and engaged socially contributes to better health.

For several years now, we have been ahead of the curve by offering exercises that benefit one not only physically, but cognitively and emotionally as well.

Isolation has been proven to lead to poor health, anxiety, grief, fatigue and depression. According to the U.S. surgeon general, loneliness poses health risks as deadly as smoking 15 cigarettes a day.

As stated in the first sentence above, there is no end date to this project. We will use the funds to purchase exercise equipment necessary to continue providing relevant, engaging, necessary **FREE** opportunities to senior adults in our community.

Project Start Date:

Today -

Project End Date:

Ongoing

IMPACT OF PROJECT:

Who will be served:

Senior adults and disabled adults 18 and over.
70% of our seniors are low income.

How many people will be served annually:

300 +

Will low/moderate income people be served; if so how:

Yes, we provide all our services (which include meals and transportation in addition to our exercise and activities) free/donation only basis.

How does the project fit with the community and with other ongoing projects:

Parma Heights has a large senior population, so providing these resources is an integral part of maintaining the basic needs and support for our seniors.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:

If applicable, what environmental issues or benefits will there be:

If applicable, how does this project serve as a catalyst for future initiatives: By word of mouth, seniors from other communities have been coming to our center to participate because their own cities do not offer the same exercises or activities. This inspires us to continue to provide the type of programming seniors are interested in.

FINANCIAL INFORMATION:

Total Budget of Project:

\$5,000.00

Other Funding Sources of Project (list each source and dollar amount separately):

None

Total amount requested of County Council American Resource Act Dollars:

\$5,000.00

Since these are one-time dollars, how will the Project be sustained moving forward:

All monies will be used for equipment. Any money needed for maintenance will be provided out of the senior center budget.

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Trish James

Signature:

Trish James

Date:

October 19, 2024

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0394

| | |
|--|---|
| Sponsored by: Councilmember Byrne | A Resolution awarding a total sum, not to exceed \$6,500, to the Parma Commission on Aging, Inc. for the Hearing Loop Installation Project from the District 3 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|--|---|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 3 ARPA Community Grant Fund in the amount of \$6,500 to the Parma Commission on Aging, Inc. for the Hearing Loop Installation Project; and

WHEREAS, the Parma Commission on Aging, Inc. is estimating the start date of the project will be in 2025 and the project will be completed by 2026; and

WHEREAS, the Parma Commission on Aging, Inc. requested \$10,000 from the District 3 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$6,500 to the Parma Commission on Aging, Inc. to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that

critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$6,500 to the Parma Commission on Aging, Inc. from the General Fund made available by the American Rescue Plan Act revenue replacement provision for Hearing Loop Installation Project.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____

_____, 20____



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| | |
|--|---------------------------|
| APPLICANT INFORMATION: | |
| Name of Requesting Entity (City, Business, Non-Profit, etc.): PARMA COMMISSION ON AGING, INC. | |
| Address of Requesting Entity: 7010 POWERS BOULEVARD PARMA, 44129 | |
| County Council District # of Requesting Entity: DISTRICT 4 | |
| Address or Location of Project if Different than Requesting Entity: | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: | |
| Contact Name of Person Filling out This Request: Erin Lally | |
| Contact Address if different than Requesting Entity: | |
| Email: elally@cityofparma-oh.gov | Phone: C: 216.408.2418 |
| Federal IRS Tax Exempt No.: 34-1426669 | Date: 10/21/24 |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

The Parma Commission on Aging (PCOA) 501c3 was created in 1984 by founder Donna Smallwood to assist the Parma Senior Center in achieving the mission of serving older adults in the community. Our partnership has thrived, particularly post-pandemic.

The mission of the Donna Smallwood Senior Center is to create a 21st century lifelong learning and wellness center. Having just received the Barbara Galloway Award from Cuyahoga County, we are succeeding in this mission and partnership.

The PCOA has applied for a Tech Boost Grant from Cox Communications to install a hearing loop in our Center. A hearing loop is a sound system that helps people with hearing loss by transmitting audio directly to their hearing aid or cochlear implants. Hearing loops help companies and organizations comply with equality legislation and the Americans with Disabilities Act (ADA) and are becoming the foundation for hearing-friendly, inclusive communities throughout the United States.

The benefits, according to the Hearing Loss Association of America, are numerous: it eliminates background noise and greatly improves understanding of speech and music; the sounds received is customized by each user's unique hearing instrument; it is easy to use, a quality sound, discreet, versatile and transient to other public places that have this technology. All benefits improve the quality of socialization and participation at our Center for all activities, events, subject matter expert speakers, workshops, education classes, and congregate lunch. The purchasing and installation of the system requires research and fortunately, there is an International Manufacturing Hearing Loop Association that provides a Good Practice Guide for Service Providers, which we would follow, with the assistance of the City of Parma, when selecting a contractor.

We have requested the maximum award from Cox of \$10,000 and if awarded, are asking for matching funds from Cuyahoga County ARPA funds.

If, for some reason, we do not receive the grant from Cox, we would ask for the same amount of funds to be used for bathroom upgrades: new hand dryers, mirrors, and additional bathroom support rails. The PCOA will commit to launching a capital improvement campaign next year and fundraising in support of this project..

We anticipate selecting a contractor and beginning the project in 2025 with an anticipated completion date in 2026.

Project Start Date:

2025

Project End Date:

2025-26

IMPACT OF PROJECT:

Who will be served:

OLDER ADULTS w/ hearing aids or cochlear implants who attend our center. YTD we have had over 18,000 visits, 345 new members and average over 100 people/day.

How many people will be served annually:

Potentially hundreds, if not more

Will low/moderate income people be served; if so how:

Any person who has hearing aids or cochlear implants should be served.

How does the project fit with the community and with other ongoing projects:

Our aging population is served here with a wide variety of services and other programming.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:

The selected contractor will have temporary work.

If applicable, what environmental issues or benefits will there be:

N/A

If applicable, how does this project serve as a catalyst for future initiatives:

This project provides a launch for additional and ongoing upgrades and renovations.

FINANCIAL INFORMATION:

Total Budget of Project:

The cost of installing a hearing loop system and/or bathroom upgrades, depends upon professional estimates to be determined 2025.

Other Funding Sources of Project (list each source and dollar amount separately):

The Tech Boost would ideally be supported by a Cox grant.

Renovation/bathroom upgrades would be supported by PCOA fundraising and a capital improvement campaign.

Total amount requested of County Council American Resource Act Dollars:

\$ 10,000⁺

Since these are one-time dollars, how will the Project be sustained moving forward:

Both the City of Parma and our nonprofit Commission on Aging can sustain projects going forward.

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Erin Lally

Signature:



Date:

10/21/24

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

PCOA W-9

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0399

| | |
|---|---|
| Sponsored by: Councilmember Turner | A Resolution awarding a total sum, not to exceed \$10,000, to the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation for the Community Expungement Clinic Project from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|---|---|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 9 ARPA Community Grant Fund in the amount of \$10,000 to the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation for the Community Expungement Clinic Project; and

WHEREAS, the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation estimates approximately 200 people will be served annually through this award; and

WHEREAS, the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation estimates the total cost of the project is \$5,500 per event; and

WHEREAS, the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation is estimating the project will take place in 2025; and

WHEREAS, the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation requested \$10,000 from the District 9 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$10,000 to the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$10,000 to the Cleveland Alumni Kappa Alpha Psi Scholarship Foundation from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the Community Expungement Clinic Project.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| | |
|---|-------------------------------|
| APPLICANT INFORMATION: | |
| Name of Requesting Entity (City, Business, Non-Profit, etc.): Cleveland Alumni Kappa Alpha Psi Scholarship Foundation | |
| Address of Requesting Entity: 20713 North Vine Ave., Euclid, Ohio 44109 | |
| County Council District # of Requesting Entity: District 11- Sunny Simon | |
| Address or Location of Project if Different than Requesting Entity: 23108 Felch Street, Warrensville Heights, Ohio 44128 | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: District 9- Meredith Turner | |
| Contact Name of Person Filling out This Request: Jermaine Brooks | |
| Contact Address if different than Requesting Entity: | |
| Email: JermaineNbrooks919@gmail.com clevelandalumnikapsi@gmail.com | Phone: 216-224-4326 |
| Federal IRS Tax Exempt No.: 34-1764150 | Date: July 24, 2024 |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

We are writing on behalf of the Kappa Alpha Psi Fraternity Cleveland Alumni Chapter, Inc. to request funding for a community initiative that will provide crucial support to residents of Cleveland, specifically in Cuyahoga County. The project we are seeking funding for is our Second Community Expungement Clinic, which aims to offer free legal assistance to individuals seeking to clear their criminal records.

Project Description:

The Community Expungement Clinic will offer individuals with non-violent criminal records the opportunity to have their records expunged, providing them with a second chance to access employment, housing, and other vital services. The clinic will feature free legal consultations, assistance with filing expungement applications, and guidance throughout the court process. This clinic will primarily serve Cleveland's marginalized communities, where barriers to social reintegration are often the greatest. Based on the overwhelming success of our first clinic, we are eager to expand our outreach and assist more residents. We aim to serve over 200 individuals at the upcoming clinic, which is scheduled for [TBD] at TBD.

Why the Project is Important:

In Cuyahoga County, individuals with criminal records—especially non-violent offenses—face significant challenges in securing employment, housing, and stability. By offering expungement services, we can help these individuals reclaim their lives, pursue gainful employment, and contribute positively to their communities.

Research shows that expungement can lead to a 25% increase in income for individuals and significantly lower their chances of recidivism. The Community Expungement Clinic will contribute to the city's broader efforts to reduce poverty and improve equity by creating opportunities for residents to reintegrate into society.

Project Milestones and Timeline:

The project will be conducted over the next six months, with the following milestones and tracking:

1. Outreach and Community Engagement (Month 1):
 - Launch a community awareness campaign through flyers, social media, and partnerships with local organizations.
 - Collaborate with local legal professionals and firms to secure volunteer commitments.
2. Pre-screening and Registration (Month 2-3):
 - Pre-screen potential participants to determine expungement eligibility.
 - Set up registration for the clinic to ensure an efficient process.
3. Training and Coordination of Volunteers (Month 3-4):
 - Conduct training for legal professionals and volunteers to familiarize them with the expungement process and clinic procedures.
4. Clinic Day (Month 5):
 - Host the clinic, offering consultations, document preparation, and legal advice to attendees.
5. Post-Clinic Follow-up and Reporting (Month 6):
 - Monitor the outcomes of expungement filings and provide follow-up support to participants.
 - Prepare a comprehensive report detailing the number of individuals served, successful expungements, and challenges encountered.

With your support, we can make a meaningful difference in the lives of Cleveland residents by offering this essential service. We appreciate your consideration of this request and look forward to the possibility of partnering with you on this impactful project.

Project Start Date: TBD- 2025

Project End Date: 6 months from start date TBD

IMPACT OF PROJECT:

Who will be served:

The **Community Expungement Clinic** will primarily serve individuals in Cuyahoga County with non-violent criminal records, particularly those from marginalized communities who face barriers to employment, housing, and reintegration into society. The clinic is designed to help residents who are eligible for expungement but may lack the resources or knowledge to navigate the legal process on their own.

How many people will be served annually:

We aim to serve 200 individuals

Will low/moderate income people be served; if so how: Low-income individuals will be served by the **Community Expungement Clinic** through the following ways: **Free Legal Services:** The clinic will provide **no-cost** legal consultations and assistance with filing expungement applications, removing financial barriers to accessing these services. **Partnerships with Legal Aid Organizations:** Collaborations with local legal aid societies and public defenders will ensure that low-income individuals receive expert guidance throughout the expungement process. **Community Outreach:** Targeted outreach in low-income neighborhoods will raise awareness about the clinic, ensuring that those who need these services the most are informed and encouraged to participate. **Support with Court Fees:** The clinic may assist in identifying resources or waivers to help cover any potential court fees associated with the expungement process, reducing financial burdens on participants.

How does the project fit with the community and with other ongoing projects:

Cuyahoga County, the impact of the Community Expungement Clinic can be particularly significant. Statistics show that over 1 in 4 adults in the U.S. have a criminal record, and in Cuyahoga County alone, thousands of individuals are eligible for expungement. However, many do not pursue it due to lack of legal knowledge or financial barriers. Studies have shown that expungement can lead to a 25% increase in annual income for individuals, and those who clear their records are more than 60% less likely to commit another crime. In Cuyahoga County, where poverty and unemployment rates are higher than state and national averages, particularly in marginalized communities, helping individuals expunge their records can significantly reduce these disparities, improve public safety, and enhance economic stability for residents.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:

N/A

If applicable, what environmental issues or benefits will there be:

While the Community Expungement Clinic primarily focuses on social and economic reintegration, it can have indirect benefits for environmental issues in Cuyahoga County. By providing individuals with expungement opportunities, the clinic increases access to employment, including in environmental restoration, green jobs, and sustainable industries. As more people gain meaningful work, the community benefits from reduced poverty-related pressures, such as illegal dumping or resource mismanagement. Additionally, individuals who feel empowered and reintegrated are more likely to engage in community-driven environmental initiatives, contributing to cleaner, safer neighborhoods.

If applicable, how does this project serve as a catalyst for future initiatives: The Community Expungement Clinic can serve as a catalyst for future initiatives by empowering individuals to clear their records and raising awareness of the challenges faced by those with criminal histories, inspiring similar social justice initiatives. It fosters collaboration among legal professionals, community organizations, and local government, establishing networks that can support education, employment, and rehabilitation. Success stories from the clinic will showcase the benefits of expungement, encouraging investment in additional programs aimed at reducing recidivism and improving economic opportunities. Increased community involvement can motivate residents to advocate for comprehensive support systems that address underlying social challenges. Finally, the insights gained from the clinic can inform future programs, ensuring they effectively meet community needs. Overall, the clinic serves as a model for interconnected community development efforts.

FINANCIAL INFORMATION:

Total Budget of Project:

We are looking to host two clinics a year. The current budget is \$5,500 per event.

Other Funding Sources of Project (list each source and dollar amount separately):

We funded the first through fundraising from the chapter members.

Total amount requested of County Council American Resource Act Dollars:

\$10,000

Since these are one-time dollars, how will the Project be sustained moving forward:

We funded the first through fundraising from the chapter. We will be reaching out to obtain Grants from local organizations or foundations, Sponsorship from local businesses, Donations from community members, and Fundraising events or campaigns

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Jermaine Brooks

Signature:



Date:

9/30/2024

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0400

| | |
|---|--|
| Sponsored by: Councilmember Turner | A Resolution awarding a total sum, not to exceed \$10,000, to the Young Women’s Christian Association of Cleveland for the purpose of eliminating racism, empowering women, and ending homelessness from the District 9 ARPA Community Grant Fund; and declaring the necessity that this Resolution become immediately effective. |
|---|--|

WHEREAS, Cuyahoga County received \$239,898,257 from the Federal Government through the American Rescue Plan Act (“ARPA”); and

WHEREAS, Cuyahoga County calculated 100% of the ARPA dollars as loss revenue under the U.S. Department of the Treasury Final Rule; and

WHEREAS, since all the ARPA dollars have been calculated as loss revenue, the ARPA dollars have been deposited in the County’s General Fund; and

WHEREAS, the County Executive and County Council have authorized \$86 million of the ARPA dollars for community grants to benefit the residents of Cuyahoga County (the “ARPA Community Grant Fund”); and

WHEREAS, of the \$86 million for community grants, \$66 million have been encumbered for equal distribution to each County Council District; and

WHEREAS, the Cuyahoga County Council desires to provide funding from the District 9 ARPA Community Grant Fund in the amount of \$10,000 to the Young Women’s Christian Association of Cleveland for the purpose of eliminating racism, empowering women, and ending homelessness; and

WHEREAS, the Young Women’s Christian Association of Cleveland estimates approximately 534 people will be served annually through this award; and

WHEREAS, the Young Women’s Christian Association of Cleveland estimates the total cost of the project is \$10,000; and

WHEREAS, the Young Women’s Christian Association of Cleveland indicates the other funding source(s) for this project includes:

- A. \$4,279,473 from Contributions
- B. \$4,442,530 from Programs and Services
- C. \$302,206 from Investment Income; and

WHEREAS, the Young Women’s Christian Association of Cleveland is estimating the start date of the project will be January 2025 and the project will be completed by January 2026; and

WHEREAS, the Young Women’s Christian Association of Cleveland requested \$10,000 from the District 9 ARPA Community Grant Fund to complete this project; and

WHEREAS, the Cuyahoga County Council desires to provide funding in the amount of \$10,000 to the Young Women’s Christian Association of Cleveland to ensure this project is completed; and

WHEREAS, this Council by a vote of at least eight (8) members determines that it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue to provide for the usually, daily operations of the County.

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

SECTION 1. That the Cuyahoga County Council hereby awards a not-to-exceed amount of \$10,000 to the Young Women’s Christian Association of Cleveland from the General Fund made available by the American Rescue Plan Act revenue replacement provision for the purpose of eliminating racism, empowering women, and ending homelessness.

SECTION 2. If any specific appropriation is necessary to effectuate this agreement, the Director of the Office of Budget and Management is authorized to submit the requisite documentation to financial reporting to journalize the appropriation.

SECTION 3. That the County Council staff is authorized to prepare all documents to effectuate said award.

SECTION 4. That the County Executive is authorized to execute all necessary agreements and documents consistent with said award and this Resolution.

SECTION 5. If requested or necessary, the Agency of the Inspector General or Department of Internal Audit is authorized to investigate, audit, or review any part of this award.

SECTION 6. 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 7. 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 8. It is found and determined that all formal actions of this Council concerning and 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20____



**Cuyahoga County
Council**

2079 East 9th Street, 8th Floor • Cleveland Ohio 44115
(216) 698-2010

COUNTY AMERICAN RESCUE PLAN ACT APPLICATION

| | |
|---|-------------------------------------|
| APPLICANT INFORMATION: | |
| Name of Requesting Entity (City, Business, Non-Profit, etc.): Young Women’s Christian Association of America of Cleveland | |
| Address of Requesting Entity: 4019 Prospect Ave East Cleveland, OH 44103 | |
| County Council District # of Requesting Entity: 7 | |
| Address or Location of Project if Different than Requesting Entity: | |
| County Council District # of Address or Location of Project if Different than Requesting Entity: | |
| Contact Name of Person Filling out This Request: Tim Collingwood | |
| Contact Address if different than Requesting Entity: | |
| Email: tcollingwood@ywcaofcleveland.org | Phone: 216-881-6878 x 220 |
| Federal IRS Tax Exempt No.: 34-0714800 | Date: 10/18/2024 |

PROJECT DESCRIPTION

REQUEST DESCRIPTION (include the project name, a description of the project, why the project is important or needed, and timeline of milestones/tracking of the project):

YWCA Greater Cleveland has been dedicated to eliminating racism and empowering women in our community for over 150 years. Guided by the One Imperative declared by Dorothy Height: to eliminate racism wherever it exists, and by any means necessary, we specifically focus our efforts on the aspirations, challenges, and potential of girls and women of color. We recognize that race and gender must be addressed together to successfully achieve our mission. We fundamentally believe that racial equity and social justice require transformation of unjust policies. We believe that racial equity by response, education, and advocacy is also inclusive of YWCA staff. We believe no woman or girl can be empowered if we do not address race and racism.

Now two years into her role as President and CEO, Helen Forbes Fields is committed to building on the YWCA's 150-year legacy of serving and advocating for women and girls in Cleveland. This includes continuing to advance our work towards the three pillars of our strategic plan: racial equity and social justice, empowerment and economic advancement for women and girls, and health and safety for women and girls, particularly women and girls of color. We are forging new partnerships that will help us provide greater opportunities and outcomes to those we serve, including new partnerships with Grow with Google and Care Alliance.

Helen's vision and goals for 2025 and beyond aligned closely with YWCA Greater Cleveland's 2020-2025 Strategic Plan. Her vision aimed to expand the impact of the Strategic Plan, both internally with staff and board engagement and externally with the community at large. Along with expanding our Social Justice and Economic Advancement goals within our Strategic Plan, Helen envisioned increased emphasis on trauma-informed care, ensuring that our work occurs in trauma-informed spaces, creating a better environment for those we serve to learn and grow.

Over the next year, Helen will continue to focus, along with the entire YWCA staff and board, on YWCA Greater Cleveland's work to eliminate racism, empower women, and end homelessness:

- Goal One: Racial Equity & Social Justice Expansion
- Goal Two: Empowerment & Economic Advancement of Women & Girls of Color Expansion
- Goal Three: Creating Trauma-Informed Spaces

Regarding our facilities, YWCA Greater Cleveland has developed a plan for repairs and updates to improve the administration/ELC/Independence Place building on Prospect Avenue, promoting safety, security, and a trauma-informed space for the young adults and children to thrive. Every program and service offered at YWCA Greater Cleveland is built on a foundation of trauma-informed care. At Independence Place, tenants are empowered by Life Coaches, not managed by "Case Managers." At the Early Learning Center, students' behavioral issues are not responded to with expulsion, but recognized by staff as a sign or symptom of trauma that necessitates greater support. At Norma Herr Women's Center, guests are not policed by security officers, but cared for and worked with by our Crisis Intervention Team. In aligning structural improvements with our internal improvements, we are on our way.

Project Start Date:
1/1/2025

Project End Date:
1/1/2026

IMPACT OF PROJECT:

Who will be served:

- Young families with children ages three to five who are facing homelessness or other significant trauma
- Homeless and at-risk youth, particularly those who are aging out of the child welfare and foster care systems
- Women who are homeless
- Women and girls of color

How many people will be served annually:

As our General Operating supports our programs, 534 people are served by our programs annually. Our programs include the Early Learning Center, Independence Place, Nurturing Independence and Aspirations, the Norma Herr Women's Center, and Cogswell Hall.

Will low/moderate income people be served; if so how:

Low/moderate income people will be served as all of our programs center those in fiscally insecure circumstances and empower them with life skill courses, one-on-one counseling that is centered on the person receiving help and what they need, and access to resources to help them secure work and permanent living.

How does the project fit with the community and with other ongoing projects:

The YWCA of Greater Cleveland confronts the racial and gender inequities that affect Cleveland's community by offering transitional and supportive housing, accessible and affordable childcare, residency for lower income senior citizens, a rising population in the city of Cleveland and the country at large.

If applicable, how many jobs will be created or retained (specify the number for each) and will the jobs be permanent or temporary:

If applicable, what environmental issues or benefits will there be:

If applicable, how does this project serve as a catalyst for future initiatives:

It is always the hope that the restorative programs the YWCA of Greater Cleveland offers will inspire the City of Cleveland and Cuyahoga County to take greater action to approaching racial and gender-based inequities with restorative understanding.

FINANCIAL INFORMATION:

Total Budget of Project:

\$10,000.

Other Funding Sources of Project (list each source and dollar amount separately):

Contributions: \$4,279,473
Programs & Services: \$4,442, 530
Investment Income: \$302, 206

Total amount requested of County Council American Resource Act Dollars:

\$10,000

Since these are one-time dollars, how will the Project be sustained moving forward:

The Project will be sustained moving forward through various contributions from individuals, corporations, and foundations.

DISCLAIMER INFORMATION AND SIGNATURE:

Disclaimer:

I HEREBY CERTIFY that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached hereto is true, complete, and correct to the best of my knowledge.

I acknowledge and agree that all County contracts and programs are subject to Federal Guidelines and Regulations, the Ohio Revised Code, the Cuyahoga County Charter, and all County Ordinances including all information submitted as part of this application is a public record.

I understand that any willful misrepresentation on this application or on any of the attachments thereto could result in a fine and/or imprisonment under relevant local, state, and/or federal laws or guidelines.

I agree that at any time, any local, state, or federal governmental agency, or a private entity on behalf of any of these governmental agencies, can audit these dollars and projects.

Printed Name:

Tim Collingwood

Signature:

Tim Collingwood

Date:

10/21/2024

Additional Documents

Are there additional documents or files as part of this application? Please list each documents name:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0423

| | |
|---|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> <p>Co-sponsored by: Councilmembers Miller and Turner</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 – 12/31/2024, to extend the time period to 3/31/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$1,228,433.65, effective 1/1/2025; 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 Children and Family Services has recommended 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 – 12/31/2024, to extend the time period to 3/31/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$1,228,433.65, effective 1/1/2025, as follows:

- a) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority in an anticipated amount of \$61,981.30.
- b) Contract No. 4754 with East End Neighborhood House in an anticipated amount of \$61,981.30.
- c) Contract No. 1103 with Muris Taylor Human Services System in an anticipated amount of \$198,013.23.
- d) Contract No. 1105 with University Settlement in an anticipated amount of \$220,517.29.
- e) Contract No. 3261(fka Contract No. 1098) with Catholic Charities Corporation in an anticipated amount of \$172,489.94.

- f) Agreement No. 3262 (fka Agreement No. 1099) with City of Lakewood in an anticipated amount of \$146,466.65.
- g) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center in an anticipated amount of \$74,050.64.
- h) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children in an anticipated amount of \$110,258.64.
- i) Contract No. 3269 (fka Contract No. 1106) with West Side Community House in an anticipated amount of \$182,674.66.

WHEREAS, the 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 Fund and 30% Federal Title IV-E Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

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 – 12/31/2024, to extend the time period to 3/31/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$1,228,433.65, effective 1/1/2025 as follows:

- a) Agreement No. 1100 with Cuyahoga Metropolitan Housing Authority in an anticipated amount of \$61,981.30.
- b) Contract No. 4754 with East End Neighborhood House in an anticipated amount of \$61,981.30.
- c) Contract No. 1103 with Muris Taylor Human Services System in an anticipated amount of \$198,013.23.
- d) Contract No. 1105 with University Settlement in an anticipated amount of \$220,517.29.
- e) Contract No. 3261(fka Contract No. 1098) with Catholic Charities Corporation in an anticipated amount of \$172,489.94.
- f) Agreement No. 3262 (fka Agreement No. 1099) with City of Lakewood in an anticipated amount of \$146,466.65.
- g) Contract No. 3263 (fka Contract No. 1102) with Harvard Community Services Center in an anticipated amount of \$74,050.64.
- h) Contract No. 3264 (fka Contract No. 1104) with The Centers for Families and Children in an anticipated amount of \$110,258.64.
- i) Contract No. 3269 (fka Contract No. 1106) with West Side Community House in an anticipated amount of \$182,674.66.

SECTION 2. That the County Executive is authorized to execute the amendment and all other documents consistent with 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested on the Floor: November 12, 2024

Additional Sponsorship Requested November 12, 2024

Journal _____

_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Amendment 4 DCFS Master agreement with providers to provide community-based services to at-risk children and families |
| 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 <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 | | Various | 4/1/21- 3/31/22 | 4,827,734.61 | 5/11/21 | R2021-0122 |
| | 1098 | Catholic Charities | | \$645,749.77 | | |
| | 1099 | City of Lakewood | | \$450,694.00 | | |
| | 1100 | CMHA | | \$361,803.00 | | |
| | 1101 | East End Neighborhood House | | \$427,161.00 | | |
| | 1101 | Harvard Comm Service Ctr | | \$461,704.00 | | |
| | 1103 | Murti Taylor Hum Services Sys | | \$964,877.00 | | |
| | 1104 | The Centers for Families and Children | | \$394,105.00 | | |
| | 1105 | University Settlement | | \$681,925.84 | | |
| | 1106 | West Side Community House | | \$439,715.00 | | |
| A-1 | | Various | 4/1/22 – 12/31/22 | 3,705,800.71 | 8/2/22 | R2022-0219 |
| | 1098 | Catholic Charities | | \$497,389.25 | | |
| | 1099 | City of Lakewood | | \$344,558.96 | | |
| | 1100 | CMHA | | \$277,890.72 | | |
| | 1101 | East End Neighborhood House | | \$326,909.21 | | |

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| | | | | | | |
|-----|------|---|----------------------|--------------|------------|------------|
| | 1101 | Harvard Comm Service Ctr | | \$352,816.46 | | |
| | 1103 | Murti Taylor Hum Services Sys | | \$743,273.13 | | |
| | 1104 | The Centers for Families and Children | | \$303,117.21 | | |
| | 1105 | University Settlement | | \$524,521.30 | | |
| | 1106 | West Side Community House | | \$336,324.47 | | |
| A-2 | | Various | 1/1/23 – 12/31/23 | 4,912,734.60 | 3/14/23 | R2023-0048 |
| | 1098 | Catholic Charities | | \$689,959.77 | | |
| | 1099 | City of Lakewood | | \$585,866.61 | | |
| | 1100 | CMHA | | \$247,925.20 | | |
| | 1101 | East End Neighborhood House | | \$247,925.20 | | |
| | 1101 | Harvard Comm Service Ctr | | \$296,202.54 | | |
| | 1103 | Murti Taylor Hum Services Sys | | \$792,052.92 | | |
| | 1104 | The Centers for Families and Children | | \$441,034.57 | | |
| | 1105 | University Settlement | | \$882,069.14 | | |
| | 1106 | West Side Community House | | \$730,698.65 | | |
| A-3 | | Various | 1/1/24 – 12/31/24 | 4,912,734.60 | 11/28/2023 | R2023-0330 |
| | 3261 | Catholic Charities | | \$689,959.77 | | |
| | 3262 | City of Lakewood | | \$585,866.61 | | |
| | 1100 | CMHA | | \$247,925.20 | | |
| | 1101 | East End Neighborhood House | | \$247,925.20 | | |
| | 3263 | Harvard Comm Service Ctr | | \$296,202.54 | | |

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| | | | | | | |
|-----|------|---------------------------------------|-----------------|--------------|---------|---------|
| | 1103 | Murti Taylor Hum Services Sys | | \$792,052.92 | | |
| | 3264 | The Centers for Families and Children | | \$441,034.57 | | |
| | 1105 | University Settlement | | \$882,069.14 | | |
| | 3269 | West Side Community House | | \$730,698.65 | | |
| A-4 | | Various | 1/1/25–03/31/25 | 1,228,183.65 | Pending | pending |
| | 3261 | Catholic Charities | | \$172,489.94 | | |
| | 3262 | City of Lakewood | | \$146,466.65 | | |
| | 1100 | CMHA | | \$61,981.30 | | |
| | 1101 | East End Neighborhood House | | \$61,981.30 | | |
| | 3263 | Harvard Comm Service Ctr | | \$74,050.64 | | |
| | 1103 | Murti Taylor Hum Services Sys | | \$198,013.23 | | |
| | 3264 | The Centers for Families and Children | | \$110,258.64 | | |
| | 1105 | University Settlement | | \$220,517.29 | | |
| | 3269 | West Side Community House | | \$182,674.66 | | |

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

Providers will deliver high quality, innovative, and promising practice services to at-risk children, teens and families in order that caregivers - birth parents, foster parents and/or kinship caregivers – can provide a safe, stable and nurturing environment for children and youth. Services must be easily accessible, timely, and effective.

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):

- Improve family functioning and child well-being for natural, foster, and kinship families experiencing crisis and/or trauma
- Strengthen family supports and access to community-based services
- Reduce placement moves for children and youth

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

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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): |
| 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): |
| 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): |

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| | |
|---|---|
| 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 Cleveland, OH 44103 | Eric Morse, President |
| Vendor Council District: 7 | Project Council District: |
| Vendor Name and address: | Owner, executive director, other (specify): |
| University Settlement, Inc 5115 Broadway Avenue Cleveland, OH 44127 | Richaun Bunton, 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 |

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| | |
|---|--|
| 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, 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 |
| <i>Lowest and best</i> | <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? 9 proposals were selected out 11. | <input checked="" type="checkbox"/> Contract Amendment (list original procurement) RQ3429 <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 2025 |
| 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) | |

Commented [CKT]: suggested to SHV - I don't recall exactly how the work is done but we can refer them to construction and provide some detail in the response.

Rev. 7/24/23

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

HISTORY (see instructions):

See page 1

Rev. 7/24/23

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|--------------------------|---------------------|------------|
| CMHA – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | N/A | | DL | N/A |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/09/2024 10/11/2024 | DL | BRM |
| <i>Cover - Master contracts only</i> | | | DL | BRM |
| <i>Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| <i>TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 61,981.30 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 61,981.30 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) 3479 | | | | | |
| CM Contract# 1100 | | | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 1100 |
| Vendor Name: | Cuyahoga Metropolitan Housing Authority |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$61,981.30 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO # Code (if applicable): | |
| CM Contract# | 4754 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------------------|---------------------|------------|
| East End Neighborhood House – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 22-0245-REG exp 12/31/2026 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/05/2024 9/6/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/13/2024 | DL | BRM |
| <i>Cover - Master contracts only</i> | | | DL | BRM |
| <i>Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| <i>TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 61,981.30 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 61,981.30 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 4754 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 4754 |
| Vendor Name: | East End Neighborhood House |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 61,981.30 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--|------------|----------------------------|-------------------|
| Murtis Taylor – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 12-1963-REG exp 12/31/2024 24-0317-REG EXP 12/31/2028 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement (<i>Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval</i>) | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/09/2024 | DL | BRM |
| Cover - <i>Master contracts only</i> | | | DL | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 198,013.23 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 198,013.23 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 1103 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 1103 |
| Vendor Name: | Murtis Taylor Human Services System |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 198,013.23 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|---------------------|------------|
| University Settlement – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 23-0424-REG exp 12/31/2027 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/13/2024 | DL | BRM |
| Cover - <i>Master contracts only</i> | | | DL | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 220,517.29 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 220,517.29 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 1105 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 1105 |
| Vendor Name: | University Settlement |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 220,517.29 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|---------------------|------------|
| Catholic Charities – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 24-0079-REG exp 12/31/2028 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 05/30/2024 | DL | BRM |
| Cover - <i>Master contracts only</i> | | | DL | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 172,489.94 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 172,489.94 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 3261 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 3261 |
| Vendor Name: | Catholic Charities Corporation |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 172,489.94 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|------------------------|---------------------|------------|
| City of Lakewood – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | N/A | | DL | N/A |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/09/2024 9/6/2024 | DL | BRM |
| <i>Cover - Master contracts only</i> | | | DL | BRM |
| <i>Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| <i>TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 146,466.65 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 146,466.65 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | 3479 | | | |
| CM Contract# | | 3262 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 3262 |
| Vendor Name: | City of Lakewood |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 146,466.65 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|-------------------------|---------------------|------------|
| Harvard Community Services Center – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 24-0091-REG exp 12/31/2028 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/19/2024 9/16/2024 | DL | BRM |
| <i>Cover - Master contracts only</i> | | | DL | BRM |
| <i>Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| <i>TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 74,050.64 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 74,050.64 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | 3479 | | | |
| CM Contract# | | 3263 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 3263 |
| Vendor Name: | Harvard Community Services Center |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 74,050.64 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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): | 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

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

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|---------------------|------------|
| The Center for Families and Children – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 24-0066-REG exp 12/31/2028 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/06/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/09/2024 | DL | BRM |
| Cover - Master contracts only | | | DL | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 110,258.64 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 110,258.64 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 3264 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 3264 |
| Vendor Name: | The Centers |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 110,258.64 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | 3479 |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO # Code (if applicable): | |
| CM Contract# | 3269 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--|------------|----------------------------|-------------------|
| West Side Community House – CMBS – Amendment 4 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | BRM |
| Justification Form | | | DL | BRM |
| IG# | 20-0142-REG exp 12/31/2024 23-0412-REG 12/31/2027 | | DL | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 09/05/2024 | DL | BRM |
| Auditor’s Findings | Date: | 09/06/2024 | DL | BRM |
| Independent Contractor (I.C.) Form | Date: | 09/09/2024 | DL | BRM |
| Cover - <i>Master contracts only</i> | | | DL | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | N/A |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI | DL |
| Workers’ Compensation Insurance | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 01/01/2025 – 03/31/2025 | HS215100 | 55130 | UCH05922 | | \$ 182,674.66 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$ 182,674.66 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | 3479 | |
| CM Contract# | | | | 3269 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$4,827,734.61 | | 4/1/21-3/31/22 | 5/11/21 | R2021-0122 |
| Prior Amendment Amounts (list separately) (A-#) A1 | | \$3,705,800.71 | 4/1/22-12/31/22 | 8/2/22 | R2022-02119 |
| A2 | | \$4,912,734.60 | 1/1/23-12/31/23 | 3/14/23 | R2023-0048 |
| A3 | | \$4,912,734.60 | 1/1/24-12/31/24 | 11/28/23 | R2023-0330 |
| Pending Amendment | | \$ | 1/1/25-3/31/25 | Pending | Pending |
| Total Amendments | | \$13,531,291.91 | | | |
| Total Contract Amount | | \$18,359,004.52 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2021-0122, R2022-02119, R2023-0048, R2023-0330 |
| CM#: | 3269 |
| Vendor Name: | West Side Community House |
| Time Period: | 4/1/2021-12/31/2024 EXT 3/31/2025 |
| Amount: | \$ 182,674.66 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/23/2024 |

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 – 12/31/2024 |
| 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 | David Latsko | | | | |
| User Department | Division of Children and Family Services | | | | |
| Date | 09/30/2024 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0424

| | |
|---|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Children and Family Services</p> | <p>A Resolution making an award on RQ14613 with various providers in the total amount not-to-exceed \$5,330,000.00 for family-centered support services for at-risk children and families for the period of 1/1/2025 – 12/31/2026; 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> |
| <p>Co-sponsored by: Councilmember Turner</p> | |

WHEREAS, the County Executive/Department of Health and Human Services/Division of Children and Family Services recommends an award on RQ14613 and entering into a master contract with various providers in the total amount not-to-exceed \$5,330,000.00 for family-centered support services for at-risk children and families for the period of 1/1/2025 – 12/31/2026 as follows:

- a) Contract No. 4931 with Ace Wellness Center LLC in an anticipated amount of \$140,000.00.
- b) Contract No. 4932 with Applewood Centers, Inc. in an anticipated amount of \$1,100,000.00.
- c) Contract No. 4934 with Beech Brook in an anticipated amount of \$800,000.00.
- d) Contract No. 4935 with Bellefaire Jewish Children’s Bureau in an anticipated amount of \$222,000.00.
- e) Contract No. 4936 with Catholic Charities Corporation in an anticipated amount of \$1,200,000.00.
- f) Contract No. 4937 with JusticeWorks OH, LLC in an anticipated amount of \$128,000.00.
- g) Contract No. 4938 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$360,000.00.
- h) Contract No. 4939 with National Youth Advocate Program, Inc. in an anticipated amount of \$140,000.00.

- i) Contract No. 4940 with OhioGuidestone in an anticipated amount of \$300,000.00.
- j) Contract No. 4941 with Pressley Ridge in an anticipated amount of \$800,000.00.
- k) Contract No. 4942 with Specialized Alternatives for Families and Youth of Ohio, Inc. in an anticipated amount of \$140,000.00.

WHEREAS, the primary goal of this project is 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, this project is funded 67% Federal Title IV-E and 33% 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.

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

SECTION 1. That the Cuyahoga County Council hereby authorizes an award on RQ14613 and entering into a master contract with various providers in the total amount not-to-exceed \$5,330,000.00 for family-centered support services for at-risk children and families for the period of 1/1/2025 – 12/31/2026 as follows:

- a) Contract No. 4931 with Ace Wellness Center LLC in an anticipated amount of \$140,000.00.
- b) Contract No. 4932 with Applewood Centers, Inc. in an anticipated amount of \$1,100,000.00.
- c) Contract No. 4934 with Beech Brook in an anticipated amount of \$800,000.00.
- d) Contract No. 4935 with Bellefaire Jewish Children’s Bureau in an anticipated amount of \$222,000.00.
- e) Contract No. 4936 with Catholic Charities Corporation in an anticipated amount of \$1,200,000.00.
- f) Contract No. 4937 with JusticeWorks OH, LLC in an anticipated amount of \$128,000.00.
- g) Contract No. 4938 with Mental Health Services for Homeless Persons, Inc. dba Frontline Service in an anticipated amount of \$360,000.00.
- h) Contract No. 4939 with National Youth Advocate Program, Inc. in an anticipated amount of \$140,000.00.
- i) Contract No. 4940 with OhioGuidestone in an anticipated amount of \$300,000.00.
- j) Contract No. 4941 with Pressley Ridge in an anticipated amount of \$800,000.00.

k) Contract No. 4942 with Specialized Alternatives for Families and Youth of Ohio, Inc. in an anticipated amount of \$140,000.00.

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 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested November 12, 2024

Journal _____

_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | | | |
|----------------------------------|--|--|--|
| Title | 2025 -2026 Family Centered Support Services master agreement | | |
| Department or Agency Name | Division 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/Counci l Approved | Approval No. |
|--------------------------------------|--------------------------------------|---|--------------------------|--|----------------------------------|--------------|
| O | Various see below | Various-see below | 1/1/2025 – 12/31/2026 | \$5,330,000.00 – (\$2,665,000.00 per year) | Pending | pending |
| | 4931 | Ace Wellness Center | | \$140,000 (\$70,000/year) | | |
| | 4932 | Applewood Centers Inc | | \$1,100,000.00 (\$550,000/year) | | |
| | 4934 | Beech Brook | | \$800,000.00 (\$400,000/year) | | |
| | 4935 | Bellefaire JCB | | \$220,000.00 (\$110,000/year) | | |
| | 4936 | Catholic Charities | | \$1,200,000.00 (\$600,000/year) | | |
| | 4937 | JusticeWorks LLC | | \$128,000.00 (\$64,000.00/year) | | |
| | 4938 | Mental Health Services for Homeless Persons dba FrontLine Service | | \$360,000.00 (\$180,000/year) | | |
| | 4939 | National Youth Advocate Program | | \$140,000.00 (\$70,000/year) | | |
| | 4940 | Ohio Guidestone | | \$300,000.00 (\$150,000/year) | | |
| | 4941 | Pressley Ridge | | \$800,000.00 (\$400,000/year) | | |
| | 4942 | Specialized Alternatives for Families and Youth | | \$140,000.00 (\$70,000/year) | | |

Service/Item Description (include quantity if applicable).
 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.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. Improve family and youth functioning.
2. Prevent out of home placement.
3. Reduce involvement with the juvenile justice system.

| 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): |
| ACE Wellness Center 9655 Sweet Valley Dr Suite 3 Valley View, OH 44125 | Deonte Matthews, Compliance Officer |
| Applewood Centers, Inc 10427 Detroit Avenue Cleveland, OH 44102 | Jennifer Blumhagen Yarham, LISW-S, Executive Director |
| Beech Brook 13201 Granger Road #8 Cleveland, OH 44125 | Thomas P. Royer, President and CEO |
| Bellefaire JCB 2001 Fairmount Blvd Shaker Heights, OH 44118 | Carl R.Brass, MBA, LPCC-S, Executive Director |
| Catholic Charities Corporation 7911 Detroit Avenue Cleveland, OH 44102 | Patrick Gareau, President & CEO |
| JusticeWorks LLC 1500 Ardmore Blvd Suite 410 Pittsburgh, PA 15221 | Ian Nutt, Ohio Regional Director |
| Mental Health Services for Homeless Person, Inc dba FrontLine Service 1744 Payne Avenue Cleveland, OH 44114 | Susan Neth, Executive Director |
| National Youth Advocate Program 1801 Watermark Drive, Suite 200 | Kelly Davis, PhD, LISW-S, Executive Director |

| | |
|---|--|
| Columbus, OH 43215 | |
| OhioGuidestone 434 Eastland Rd Berea, Oh 44017 | Brant Russell, President and CEO |
| Pressley Ridge 23701 Miles Road Cleveland, OH 44128 | Lisa Allomong, M.Ed., LPCC-S, Program Director |
| SAFY of OH 10100 Elida Road Delphos, Oh 45833 | Tonya Brooks-Thomas, Senior Executive Director |
| Vendor Council District: various | Project Council District: various |
| | |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | |

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|--|--|
| RQ# <u>14613</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____ | 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) 48 / 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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: All bidders received an award to provide services | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| | <input type="checkbox"/> Contract Amendment - (list original procurement) |

| | |
|---|---|
| How did pricing compare among bids received? Similar | <input type="checkbox"/> Other Procurement Method, please describe: |
|---|---|

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

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

Title IV-E 67%; Health and Human Services Levy 33%

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

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

| | | | | | |
|-----------------------|----------|-------|----------|-------|----------------|
| 1/1/2025 – 12/31/2025 | HS260180 | 56030 | UCH09999 | 56030 | \$950,000.00 |
| 1/1/2025 – 12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$1,029,000.00 |
| 1/1/2025 – 12/31/2025 | HS260150 | 56110 | UCH05930 | 56110 | \$500,000.00 |
| 1/1/2025 - 12/31/2025 | HS260150 | 56110 | UCH05942 | 56110 | \$75,000.00 |
| 1/1/2025 – 12/31/2025 | HS260160 | 55130 | UCH02123 | 55130 | \$111,000.00 |
| 1/1/2026 – 12/31/2026 | HS260180 | 56030 | UCH09999 | 56030 | \$950,000.00 |
| 1/1/2026 -12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$1,029,000.00 |
| 1/1/2026 -12/31/2026 | HS260150 | 56110 | UCH05930 | 56110 | \$500,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56110 | UCH05942 | 56110 | \$75,000.00 |
| 1/1/2026 – 12/31/2026 | HS260160 | 55130 | UCH02123 | 55130 | \$111,000.00 |

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

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

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|--|--------------------------------|---|------------------------------|-----------------------|---------------------------|-------------------|
| O | Various see below | Various see below | 1/1/2022 – 12/31/2023 | \$5,330,000.00 | 2/9/2022 | R2022-0024 |
| | 2042 | Applewood Centers, Inc | | \$1,200,000.00 | | |
| | 2043 | Beech Brook | | \$900,000.00 | | |
| | 1995 | Bellefaire JCB | | \$178,230.00 | | |
| | 2044 | Catholic Charities | | \$1,340,000.00 | | |
| | 2045 | Cleveland Christian Hom | | \$90,000.00 | | |
| | 2046 | Mental Health Services for Homeless Persons dba FrontLine Service | | \$320,000.00 | | |
| | 2047 | Ohio Guidestone | | \$301,770.00 | | |
| | 2049 | Ohio Mentor | | \$140,000.00 | | |
| | 2050 | Pressley Ridge | | \$610,000.00 | | |
| | 2051 | National Youth Advocate Program | | \$90,000.00 | | |
| | 2052 | Specialized Alternatives for Families and Youth | | \$160,000.00 | | |
| A-1 | 2046 | Mental Health | 1/1/2022 – 12/31/2023 | \$75,000.00 | 7/18/2022 | BC022-443 |

| | | | | | | |
|------------|----------------------------------|---|----------------------------------|-----------------------|-------------------|-------------------|
| | | Services dba Frontline Service | | | | |
| A-2 | Various see below | Various see below | 1/1/2024 – 12/31/2024 | \$2,479,115.00 | 11/17/2023 | R2023-0331 |
| | 2042 | Applewood Centers, Inc | | \$655,000.00 | | |
| | 2043 | Beech Brook | | \$300,000.00 | | |
| | 1995 | Bellefaire JCB | | \$89,115.00 | | |
| | 2044 | Catholic Charities | | \$605,000.00 | | |
| | 2045 | Cleveland Christian Hom | | \$15,000.00 | | |
| | 2046 | Mental Health Services for Homeless Persons dba FrontLine Service | | \$160,000.00 | | |
| | 2047 | Ohio Guidestone | | \$120,000.00 | | |
| | 2049 | Ohio Mentor | | \$70,000.00 | | |
| | 2050 | Pressley Ridge | | \$320,000.00 | | |
| | 2051 | National Youth Advocate Program | | \$45,000.00 | | |
| | 2052 | Specialized Alternatives for Families and Youth | | \$100,000.00 | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4931 |

| | | |
|--|------------------------------|--|
| 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 | | | | |
| Ace Wellness | | | Department Initials | Purchasing |
| Briefing Memo | | | BF | BRM |
| Notice of Intent to Award (sent to all responding vendors) | | | BF | BRM |
| Bid Specification Packet (RFP Packet) | | | BF | BRM |
| Final DEI Goal Setting Worksheet | | | BF | BRM |
| Diversity Documents – <i>if required (goal set)</i> | | | N/A | N/A |
| Award Letter (sent to awarded vendor) | | | BF | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | | | N/A | N/A |
| Bid Tabulation Sheet | | | BF | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | | | BF | BRM |
| IG# | 24-0340 EXP 12/31/2028 | | BF | BRM |
| Debarment/Suspension Verified | Date: | 9.27.2024 | BF | BRM |
| Auditor’s Findings | Date: | 9.27.2024 | BF | BRM |
| Vendor’s Submission | | | BF | BRM |
| Independent Contractor (I.C.) Form | Date: | 9/27/2024 | BF | BRM |
| Cover - <i>Master contracts only</i> | | | | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | N/A | N/A |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | | | N/A | N/A |
| Checklist Verification | | | BF | 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 | BF |
| Matrix Law Screen shot | BF |
| COI | BF |
| Workers’ Compensation Insurance | BF |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-----------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| 1/1/2025 – 12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$70,000.00 |
| 1/1/2026 – 12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$70,000.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$140,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| | | | | | |
|---|------------------------|---|--|--------------------------------------|-----------------------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | | 4931 | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2025-- 12/31/2026 | PENDING | PENDING |
| Prior Amendment Amounts (list separately) (A-#) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$ | | | |
| Total Contract Amount | | \$ | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------|
| Prior Resolutions: | |
| CM#: | 4931 |
| Vendor Name: | Ace Wellness Center LLC |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$140,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/28/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4932 |

| | | |
|--|------------------------------|--|
| 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 |

| Applewood | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | BF | BRM |
| Notice of Intent to Award (sent to all responding vendors) | BF | BRM |
| Bid Specification Packet (RFP Packet) | BF | BRM |
| Final DEI Goal Setting Worksheet | BF | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | BF | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | BF | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | BF | BRM |
| IG# 23-0373 exp 12/31/2027 | BF | BRM |
| Debarment/Suspension Verified Date: 9.27.2024 | BF | BRM |
| Auditor’s Findings Date: 9.27.2024 | BF | BRM |
| Vendor’s Submission | BF | BRM |
| Independent Contractor (I.C.) Form Date: 9/18/2024 | BF | BRM |
| Cover - <i>Master contracts only</i> | | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | N/A | N/A |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | N/A | N/A |
| Checklist Verification | BF | 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 | BF |
| Matrix Law Screen shot | BF |
| COI | BF |
| Workers’ Compensation Insurance | BF |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-----------------------|-----------------|----------------|---------------|--------------------------------|-----------------------|
| 1/1/2025 – 12/31/2025 | HS260180 | 56030 | UCH09999 | 56030 | \$300,000.00 |
| 1/1/2025 - 12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$175,000.00 |
| 1/1/2025 – 12/31/2025 | HS260150 | 56110 | UCH05942 | 56110 | \$75,000.00 |
| 1/1/2026 – 12/31/2026 | HS260180 | 56030 | UCH09999 | 56030 | \$300,000.00 |
| 1/1/2026 – 12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$175,000.00 |
| 1/1/2026 – 12/31/2026 | HS260150 | 56110 | UCH05942 | 56110 | \$75,000.00 |
| | | | TOTAL | | \$1,100,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| | | | | | |
|---|------------------------|---|--|--------------------------------------|-----------------------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2025 – 12/31/2026 | PENDING | PENDING |
| Prior Amendment Amounts (list separately) (A-#) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$ | | | |
| Total Contract Amount | | \$ | | | |

PURCHASING USE ONLY

| | |
|--|------------------------|
| Prior Resolutions: | |
| CM#: | 4932 |
| Vendor Name: | Applewood Centers, Inc |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$1,100,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/28/2024 |

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 | Division of Children and Family Services |
| Date | 10.9.2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4934 |

| | | |
|--|------------------------------|--|
| 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 |

| Beech Brook | Department Initials | Purchasing |
|---|---|------------|
| Briefing Memo | BF | BRM |
| Notice of Intent to Award (sent to all responding vendors) | BF | BRM |
| Bid Specification Packet (RFP Packet) | BF | BRM |
| Final DEI Goal Setting Worksheet | BF | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | BF | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | BF | |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | BF | BRM |
| IG# 24-0046-exp-12/31/2028 12-0604-REG 12/31/2024 | BF | BRM |
| Debarment/Suspension Verified | Date: 9.27.2024 | BF BRM |
| Auditor’s Findings | Date: 9.27.2024 | BF BRM |
| Vendor’s Submission | | BF BRM |
| Independent Contractor (I.C.) Form | Date: 8.23.2024 8/15/2024 | BF BRM |
| <i>Cover - Master contracts only</i> | BF | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | N/A | N/A |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | N/A | N/A |
| Checklist Verification | BF | 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 | BF |
| Matrix Law Screen shot | BF |
| COI | BF |
| Workers’ Compensation Insurance | BF |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-----------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| 1/1/2025 – 12/31/2025 | HS260180 | 56030 | UCH09999 | 56030 | \$150,000.00 |
| 1/1/2025 – 12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$100,000.00 |
| 1/1/2025 – 12/31/2025 | HS260150 | 56110 | UCH05930 | 56110 | \$150,000.00 |
| 1/1/2026 – 12/31/2026 | HS260180 | 56030 | UCH09999 | 56030 | \$150,000.00 |
| 1/1/2026 – 12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$100,000.00 |
| 1/1/2026 – 12/31/2026 | HS260150 | 56110 | UCH05930 | 56110 | \$150,000.00 |
| | | | TOTAL | | \$800,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|--|----------------------------------|--|-----------------------------------|-------------------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 2043 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 \$5,330,000.00 | | 1/1/2025 – 12/31/2026 1/1/2022 – 12/31/2023 | PENDING 2/9/2022 | PENDING R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | A-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | BC2022-443 |
| | A-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | | R2023-0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4934 |
| Vendor Name: | Beech Brook |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$800,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/28/2024 |

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: 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 | Division of Children and Family Services |
| Date | 10.9.24 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4935 |

| | | |
|--|------------------------------|--|
| 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 |
|--|

| Bellefaire JCB | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | BF | BRM |
| Notice of Intent to Award (sent to all responding vendors) | BF | BRM |
| Bid Specification Packet (RFP Packet) | BF | BRM |
| Final DEI Goal Setting Worksheet | BF | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | BF | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | BF | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | BF | BRM |
| IG# 23-0370 EXP 12/31/2027 | BF | BRM |
| Debarment/Suspension Verified Date: 9.27.2024 | BF | BRM |
| Auditor’s Findings Date: 9.27.2024 | BF | BRM |
| Vendor’s Submission | BF | BRM |
| Independent Contractor (I.C.) Form Date: 6.27.2024 | BF | BRM |
| Cover - <i>Master contracts only</i> | BF | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | BF | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | N/A | N/A |
| Checklist Verification | BF | 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 | BF |
| Matrix Law Screen shot | BF |
| COI | BF |
| Workers’ Compensation Insurance | BF |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|----------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| 1/1/2025 -12/31/2025 | HS260160 | 55130 | UCH02123 | 55130 | \$111,000.00 |
| 1/1/2026 -12/31/2026 | HS260160 | 55130 | UCH02123 | 55130 | \$111,000.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$220,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 1995 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022 - 0024 |
| Prior Amendment Amounts (list separately) (A-#) | A-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | BC022-443 |
| | A-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4935 |
| Vendor Name: | Bellefaire Jewish Children’s Bureau |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$220,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

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. 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 | Division of Children and Family Services |
| Date | 10.9.2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

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|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4936 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

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

| Catholic Charities Corporation | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | SB | BRM |
| Notice of Intent to Award (sent to all responding vendors) | SB | BRM |
| Bid Specification Packet (RFP Packet) | SB | BRM |
| Final DEI Goal Setting Worksheet | SB | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | SB | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | SB | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | SB | BRM |
| IG# 24-0079-REG exp 12/31/2028 | SB | BRM |
| Debarment/Suspension Verified Date: 10/17/2024 | SB | BRM |
| Auditor’s Findings Date: 10/11/2024 | SB | BRM |
| Vendor’s Submission | SB | BRM |
| Independent Contractor (I.C.) Form Date: 5/20/2024 5/30/2024 | SB | BRM |
| Cover - <i>Master contracts only</i> | SB | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | SB | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | N/A | N/A |
| Checklist Verification | SB | BRM |

Other documentation may be required depending upon your specific item

Glossary of Terms at: <https://intranet.cuvahoga.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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------|-----------------|----------------|---------------|--------------------------------|----------------|
| 1/1/2025-12/31/2025 | HS260180 | 56030 | UCH09999 | 56030 | \$3000,000.00 |
| 1/1/2025-12/31/2025 | HS260150 | 56110 | UCH05930 | 56110 | \$150,000.00 |
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$150,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56030 | UCH09999 | 56030 | \$300,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56110 | UCH05930 | 56110 | \$150,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$150,000.00 |
| | | | | | \$1,200,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | 2044 | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 4936 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022-12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | A-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | BC022-443 |
| | A-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/203 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4936 |
| Vendor Name: | Catholic Charities Corporation |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$1,200,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

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 | Division of Children and Family Services |
| Date | 10.9.24 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4937 |

| | | |
|--|------------------------------|--|
| 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

| Justice Works, OHIO, LLC | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | SB | BRM |
| Notice of Intent to Award (sent to all responding vendors) | SB | BRM |
| Bid Specification Packet (RFP Packet) | SB | BRM |
| Final DEI Goal Setting Worksheet | SB | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | SB | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | SB | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | SB | BRM |
| IG# 24-0335 REG exp 12/31/2028 | SB | BRM |
| Debarment/Suspension Verified Date: 10/17/2024 | SB | BRM |
| Auditor’s Findings Date: 10/11/2024 | SB | BRM |
| Vendor’s Submission | SB | BRM |
| Independent Contractor (I.C.) Form Date: 9/27/2024 | SB | BRM |
| Cover - <i>Master contracts only</i> | SB | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | N/A | N/A |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | 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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$64,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$64,000.00 |
| | | | | | |
| | | | TOTAL | | \$128,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| | | | | | |
|---|------------------------|---|--|--------------------------------------|-----------------------------------|
| CE/AG# (if applicable) | | | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| CM Contract# | | | | 4937 | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2025-12/31/2026 | Pending | Pending |
| Prior Amendment Amounts (list separately) (A-#) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$ | | | |
| Total Contract Amount | | \$5,330,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|----------------------|
| Prior Resolutions: | |
| CM#: | 4937 |
| Vendor Name: | JusticeWorks OH, LLC |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$128,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4938 |

| | | |
|--|------------------------------|--|
| 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 | | |
| Mental Health Svcs for Homeless Persons, Inc. dba Frontline Service | | | | |
| Briefing Memo | SB | BRM | | |
| Notice of Intent to Award (sent to all responding vendors) | SB | BRM | | |
| Bid Specification Packet (RFP Packet) | SB | BRM | | |
| Final DEI Goal Setting Worksheet | SB | BRM | | |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A | | |
| Award Letter (sent to awarded vendor) | SB | BRM | | |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A | | |
| Bid Tabulation Sheet | SB | BRM | | |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | SB | BRM | | |
| IG# 24-0016 REG exp 12/31/2028 | SB | BRM | | |
| Debarment/Suspension Verified | Date: | 10/17/2024 | SB | BRM |
| Auditor’s Findings | Date: | 10/11/2024 | SB | BRM |
| Vendor’s Submission | | | SB | BRM |
| Independent Contractor (I.C.) Form | Date: | 9/27/2024 | SB | BRM |
| Cover - <i>Master contracts only</i> | | | SB | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | SB | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | | | 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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$55,000.00 |
| 1/1/2025-12/31/2025 | HS260150 | 56110 | UCH05930 | 56110 | \$125,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$55,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56110 | UCH05930 | 56110 | \$125,000.00 |
| | | | TOTAL | | \$360,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | 2406 | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 4938 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022–12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | a-1 | \$75,000.00 | 1/1/2022 – 12/31/20236 | 7/8/2022 | Bc022-443 |
| | a-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4938 |
| Vendor Name: | Mental Health Services for Homeless Persons, Inc. dba Frontline Service |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$360,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

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. | | | | |

| | |
|---------------------------|--|
| | 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 | Division of Children and Family Services |
| Date | 10.9.2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4939 |

| | | |
|--|------------------------------|--|
| 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 |
|--|

| NYAP | Department Initials | Purchasing |
|---|--------------------------|------------|
| Briefing Memo | DG | BRM |
| Notice of Intent to Award (sent to all responding vendors) | DG | BRM |
| Bid Specification Packet (RFP Packet) | DG | BRM |
| Final DEI Goal Setting Worksheet | DG | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DG | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | DG | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | DG | BRM |
| IG# 24-0121-REG EXP 12/31/28 | DG | BRM |
| Debarment/Suspension Verified | Date: 9/24/25 9/24/24 | DG BRM |
| Auditor’s Findings | Date: 9/25/24 | DG BRM |
| Vendor’s Submission | DG | BRM |
| Independent Contractor (I.C.) Form | Date: 8/14/24 | DG BRM |
| Cover - <i>Master contracts only</i> | DG | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | DG | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | 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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-----------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 1/1/2025 – 12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$ 70,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$ 70,000.00 |
| | | | | | |
| | | | TOTAL | | \$ 140,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | | | |
| AMND | | | | | |
| Lawson RQ# (if applicable) | | | | | |
| 6408 | | | | | |
| CM Contract# | | | | | |
| 2051 | | | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022–12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | a-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | Bc022-443 |
| | a-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|--------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4939 |
| Vendor Name: | National Youth Advocate Program, Inc |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$140,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| 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): | NYAP accepted 113 Family Preservation referrals. | | | | |
| 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. | | | | |

| | |
|---------------------------|---|
| | 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 | Division of Contract Administration and Performance |
| Date | 10.9.2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4940 |

| | | |
|--|------------------------------|--|
| 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 |

| OhioGuidestone | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | DG | BRM |
| Notice of Intent to Award (sent to all responding vendors) | DG | BRM |
| Bid Specification Packet (RFP Packet) | DG | BRM |
| Final DEI Goal Setting Worksheet | DG | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DG | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | DG | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DG | BRM |
| IG# 24-0046-REG EXP 12/31/28 | DG | BRM |
| Debarment/Suspension Verified Date: 9/26/2024 | DG | BRM |
| Auditor’s Findings Date: 9/25/24 | DG | BRM |
| Vendor’s Submission | DG | BRM |
| Independent Contractor (I.C.) Form Date: 8/23/24 | DG | BRM |
| Cover - <i>Master contracts only</i> | DG | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | DG | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | 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 | |
| COI | DG |
| Workers’ Compensation Insurance | DG |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|----------------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$75,000.00 |
| 1/1/2025-12/31/2025 | HS260150 | 56110 | UCH05930 | 56110 | \$75,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$75,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56110 | UCH05930 | 56110 | \$75,000.00 |
| | | | TOTAL | | \$ 300,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 2047 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022–12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | a-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | Bc022-443 |
| | a-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4940 |
| Vendor Name: | OhioGuidestone |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$300,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

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) | | 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. | | | | |

| | |
|---------------------------|--|
| | 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 | Division of Children and Family Services |
| Date | 10.9.24 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4941 |

| | | |
|--|------------------------------|--|
| 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

| PRESLEY RIDGE | Department Initials | Purchasing |
|---|--------------------------|------------|
| Briefing Memo | DG | BRM |
| Notice of Intent to Award (sent to all responding vendors) | DG | BRM |
| Bid Specification Packet (RFP Packet) | DG | BRM |
| Final DEI Goal Setting Worksheet | DG | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DG | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | DG | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators</i>). | DG | BRM |
| IG# | 23-0463-REG exp 12/31/27 | BRM |
| Debarment/Suspension Verified | Date: 9/26/24 | BRM |
| Auditor’s Findings | Date: 9/26/24 | BRM |
| Vendor’s Submission | DG | BRM |
| Independent Contractor (I.C.) Form | Date: 9/25/24 | BRM |
| Cover - <i>Master contracts only</i> | DG | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | DG | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | 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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$200,000.00 |
| 1/1/2025-12/31/2025 | HS260180 | 56030 | UCH09999 | 56030 | \$200,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$200,000.00 |
| 1/1/2026-12/31/2026 | HS260180 | 56030 | UCH09999 | 56030 | \$200,000.00 |
| TOTAL | | | | | \$ 800,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | AMND | | | |
| Lawson RQ# (if applicable) | | 6408 | | | |
| CM Contract# | | 2050 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022–12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | a-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | Bc022-443 |
| | a-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4941 |
| Vendor Name: | Pressley Ridge |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$800,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| 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. 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. | | | | |

| | |
|---------------------------|---|
| | 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 | Division of Children and Family Services |
| Date | 10.9.2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 14613 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5609 |
| CM Contract# | 4942 |

| | | |
|--|------------------------------|--|
| 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 |

| Specialized Alternatives for Families and Youth of Ohio, Inc (SAFY) | Department Initials | Purchasing |
|---|---------------------|------------|
| Briefing Memo | SB | BRM |
| Notice of Intent to Award (sent to all responding vendors) | SB | BRM |
| Bid Specification Packet (RFP Packet) | SB | BRM |
| Final DEI Goal Setting Worksheet | SB | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | SB | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | SB | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | SB | BRM |
| IG# 23-0481 REG exp 12/31/2027 | SB | BRM |
| Debarment/Suspension Verified Date: 10/17/2024 | SB | BRM |
| Auditor’s Findings Date: 10/11/2024 | SB | BRM |
| Vendor’s Submission | SB | BRM |
| Independent Contractor (I.C.) Form Date: 9/20/2024 | SB | BRM |
| Cover - <i>Master contracts only</i> | SB | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | SB | BRM |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | 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 |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| 1/1/2025-12/31/2025 | HS260150 | 56000 | UCH05942 | 56000 | \$70,000.00 |
| 1/1/2026-12/31/2026 | HS260150 | 56000 | UCH05942 | 56000 | \$70,000.00 |
| | | | | | |
| | | | TOTAL | | \$140,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | | 2052 | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | | AMND | | |
| Lawson RQ# (if applicable) | | | 6408 | | |
| CM Contract# | | | 4942 | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$5,330,000.00 | | 1/1/2022 – 12/31/2023 | 2/9/2022 | R2022-0024 |
| Prior Amendment Amounts (list separately) (A-#) | a-1 | \$75,000.00 | 1/1/2022 – 12/31/2023 | 7/8/2022 | Bc022-443 |
| | a-2 | \$2,479,115.00 | 1/1/2024 – 12/31/2024 | 11/17/2023 | R2023 - 0331 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$2,554,115.00 | | | |
| Total Contract Amount | | \$7,884,115.00 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2022-0024, BC2022-443, R2023-0331 |
| CM#: | 4942 |
| Vendor Name: | Specialized Alternatives for Families and Youth of Ohio, Inc. |
| Time Period: | 1/1/2025-12/31/2026 |
| Amount: | \$140,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

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 | | | |

| | |
|--------------------------------|--|
| 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 | Division of Children and Family Services |
| Date | 10.9.24 |

Carroll S



Department of Purchasing Tabulation Sheet

| | | |
|---|--|--------------------------|
| REQUISITION NUMBER: 14613/Event #5609 | TYPE: (RFB/RFP/RFQ): RFP | ESTIMATE: 5,330,000.00 |
| CONTRACT PERIOD: | RFB/RFP/RFQ DUE DATE: 7/29/2024 | SOLICITATIONS ISSUED: 48 |
| REQUESTING DEPARTMENT: Children and Family Services | COMMODITY DESCRIPTION: In-Home Family Centered Support Services for At-Risk Children and Families in Cuyahoga County | MANUAL RESPONSES: 3 |
| DIVERSITY GOAL/SBE 0 % | DIVERSITY GOAL/MBE 0 % | ELECTRONIC RESPONSES: 8 |
| Does CCBB Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBB: Low Non-CCBB Bid \$: | TOTAL RESPONSES: 11 |
| Does CCBEIP Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No | CCBEIP: Low Non-CCBEIP Bid \$: | |
| *PRICE PREFERENCE LOWEST BID REC'D \$ | RANGE OF LOWEST BID REC'D \$ | |
| PRICE PREF % & \$ LIMIT: | MAX SBE/MBE/WBE PRICE PREF \$ | |
| | ADD 2% Total is: | |
| | MINUS \$, = | |
| | DOES PRICE PREFERENCE APPLY? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 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. Ace Wellness Center 9655 Sweet Valley Dr #3 Valley View OH 44125 | | | Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> No NCA: <input checked="" type="checkbox"/> Yes PH: <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 type="checkbox"/> No | | <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 / CCBEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award: (Y/N) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|--------------|
| | | | Buyer Administrative Review: Buyer Initials COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: __BRM | | | SBE: ___% MBE: ___% WBE: ___% Total % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | |

| 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. Applewood Centers Inc 10427 Detroit Ave Cleveland OH 44102 | | | Buyer Administrative Review: OPD Buyer Initials Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0373 | <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): | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|--------------|
| | | | NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> N/A OPD Buyer Initials: BRM | | | SBE/MBE/WBE Prime: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and 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) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 3. BeechBrook 13201 Granger Rd #8 Cleveland OH 44125 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 12-0604 NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> Yes OPD Buyer Initials: BRM | <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 type="checkbox"/> No Total % SBE: ___ % MBE: ___ % WBE: ___ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|--------------|
| | | | | | | | | |

| 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) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 4. Bellefaire JCB 22001 Fairmount Blvd Shaker Hts OH 44118 | | | Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0370 NCA: <input checked="" type="checkbox"/> Yes PH: <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 type="checkbox"/> No Total % SBE: ___% MBE: ___% WBE: ___% | | <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) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|--|--------------------|--------------|
| | | | COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> N/A OPD Buyer Initials: BRM | | | SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | |

Transaction ID:

| | | | | | | | | | |
|----|--|------------------|---|--|---|--|--|--------------------|--|
| 5. | Catholic Charities Corporation 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 24-0079 NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: _BRM | 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 type="checkbox"/> No Total % SBE: ___% MBE: ___% WBE: ___% SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | 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) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 6. Frontline Service 1744 Payne Ave Cleveland OH 44114 | | | Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> No NCA: <input checked="" type="checkbox"/> Yes PH: <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 type="checkbox"/> No | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|--------------|
| | | | COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: BRM | | | SBE: _____ % MBE: _____ % WBE: _____ % Total % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and 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) |
|---|------------------|---|---|---|--|--|--------------------|--|
| 7. JusticeWorks Ohio LLC 5569 Kirby Ave Cincinnati OH 45239 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: BRM | <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 type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | <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) |
|--|------------------|---|---|---|--|--|--------------------|--|
| 8. National Youth Advocate Program 5500 S Marginal Rd #220 Cleveland OH 44103 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 24-0121 NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input type="checkbox"/> No OPD Buyer Initials: BRM | <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 type="checkbox"/> No Total % SBE: _____ % MBE: _____ % WBE: _____ % SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|--------------|
| | | | | | | | | |

| 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. Ohio Guidestone 434 Eastland Rd Berea OH 44017 | | | Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 24-0046 NCA: <input checked="" type="checkbox"/> Yes PH: <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 type="checkbox"/> No Total % SBE: ___ % MBE: ___ % WBE: ___ % | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|--|--------------------|--------------|
| | | | COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> No OPD Buyer Initials: BRM | | | SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and 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) |
|--|------------------|---|---|---|--|---|--------------------|--|
| 10. Pressley Ridge 23701 Miles Rd Cleveland OH 44128 | | | Compliant: <input checked="" type="checkbox"/> Yes IG Registration Complete: <input checked="" type="checkbox"/> Yes IG Number: 23-0463 NCA: <input checked="" type="checkbox"/> Yes PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> Yes (Agree to Participate?) <input checked="" type="checkbox"/> N/A OPD Buyer Initials: BRM | <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 type="checkbox"/> No Total % SBE: ___% MBE: ___% WBE: ___% SBE/MBE/WBE Comply: (Y/N) <input type="checkbox"/> Yes <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: | | <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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|--------------|
| | | | | | | | | |

Transaction ID:

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0425

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Senior and Adult Services</p> <p>Co-sponsored by: Councilmember Turner</p> | <p>A Resolution authorizing an amendment to a master contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 for additional funds in the total amount not-to-exceed \$600,000.00; 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> |
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WHEREAS, the County Executive/Department of Health and Human Services/ Division of Senior and Adult Services recommends an amendment to a master contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 for additional funds in the total amount not-to-exceed \$600,000.00 with the following providers:

- a) For additional funds:
 - 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$1,300.00.
 - 2) Contract No. 3733 with Senior Transportation Connection for Transportation services in the anticipated amount of \$50,000.00.
 - 3) Contract No. 3736 with Transport Assistance, Inc. for Transportation services in the anticipated amount of \$6,000.00.
 - 4) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$16,000.00.
 - 5) Contract No. 3768 with PurFoods, LLC dba Mom’s Meals for Home Delivered Meals services in the anticipated amount of \$200,000.00.
 - 6) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the anticipated amount of \$15,000.00.
 - 7) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services in the anticipated amount of \$18,000.00.

- 8) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services in the anticipated amount of \$7,900.00.
- 9) Contract No. 3779 with ABC International Services, Inc., for Chore and Grab Bar services in the anticipated amount of \$5,900.00.
- 10) Contract No. 3790 with Fernandez Property Group of Ohio for Grab Bar services in the anticipated amount of \$500.00.
- 11) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$7,500.00.
- 12) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount of \$235,800.00.
- 13) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services in the anticipated amount of \$7,100.00.
- 14) Contract No. 4798 (fka Contract No. 3749) with Blue Heron holdings, LLC for Laundry services in the anticipated amount of \$18,000.00.
- 15) Contract No. 4958 (fka Contract No. 3776) with Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services in the anticipated amount of \$11,000.00.

b) For no additional funds:

- 1) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- 2) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- 3) Contract No. 3770 with Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- 4) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 5) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- 6) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home & Care Staffing for Homemaker and Personal Care services.
- 7) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- 8) Contract No. 3789 with Caring Hearts Health Services, LLC for Homemaker, Personal Care, Chore and Laundry services.

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 seniors 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% 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.

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 Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 for additional funds in the total amount not-to-exceed \$600,000.00 with the following providers:

- a) For additional funds:
- 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$1,300.00.
 - 2) Contract No. 3733 with Senior Transportation Connection for Transportation services in the anticipated amount of \$50,000.00.
 - 3) Contract No. 3736 with Transport Assistance, Inc. for Transportation services in the anticipated amount of \$6,000.00.
 - 4) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$16,000.00.
 - 5) Contract No. 3768 with PurFoods, LLC dba Mom’s Meals for Home Delivered Meals services in the anticipated amount of \$200,000.00.
 - 6) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services in the anticipated amount of \$15,000.00.
 - 7) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services in the anticipated amount of \$18,000.00.
 - 8) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services in the anticipated amount of \$7,900.00.
 - 9) Contract No. 3779 with ABC International Services, Inc., for Chore and Grab Bar services in the anticipated amount of \$5,900.00.
 - 10) Contract No. 3790 with Fernandez Property Group of Ohio for Grab Bar services in the anticipated amount of \$500.00.

- 11) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care Services in the anticipated amount of \$7,500.00.
- 12) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount of \$235,800.00.
- 13) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services in the anticipated amount of \$7,100.00.
- 14) Contract No. 4798 (fka Contract No. 3749) with Blue Heron holdings, LLC for Laundry services in the anticipated amount of \$18,000.00.
- 15) Contract No. 4958 (fka Contract No. 3776) with Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services in the anticipated amount of \$11,000.00.

b) For no additional funds:

- 1) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- 2) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- 3) Contract No. 3770 with Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- 4) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 5) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- 6) Contract No. 3781 with Addus Healthcare (South Carolina), Inc. dba Arcadia Home & Care Staffing for Homemaker and Personal Care services.
- 7) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- 8) Contract No. 3789 with Caring Hearts Health Services, LLC for Homemaker, Personal Care, Chore and Laundry services.

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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested: November 12, 2024

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | | | |
|----------------------------------|---|--|--|
| Title | Department of Senior and Adult Services (DSAS); Master Agreement Amendment 2; Options for Independent Living Services (OPTN) | | |
| Department or Agency Name | Department of Senior and Adult Services | | |
| Requested Action | <input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify): | | |

| Original (O)/ Amendment (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|--------------------------------|--------------------------------|--|-------------------------|----------------|---------------------------|--------------|
| O | Various Vendors – See Below | | 01/01/2024 – 12/31/2025 | \$9,550,000.00 | 11/28/2023 | R2023 - 0337 |
| | 3732 | A-1 Healthcare LLC | | \$454,000.00 | | |
| | 3779 | ABC International Services, Inc. | | \$32,000.00 | | |
| | 3781 | Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing | | \$32,000.00 | | |
| | 3789 | Caring Hearts Health Services LLC | | \$50,000.00 | | |
| | 3792 | Casleo Corporation dba Global Meals | | \$4,600,000.00 | | |
| | 3788 | Connect America | | \$260,000.00 | | |
| | 3794 | Essence Health Services | | \$150,000.00 | | |
| | 3790 | Fernandez Property Group | | \$20,000.00 | | |
| | 3791 | First Choice Medical Staffing | | \$118,000.00 | | |
| | 3773 | Geocare, Inc. dba Home Instead Senior Care | | \$190,000.00 | | |
| | 3775 | Home Care Relief Inc. | | \$380,000.00 | | |
| | 3776 | Family and Community Services dba Mobile Meals, Inc. | | \$150,000.00 | | |
| | 3768 | Purfoods LLC dba Mom’s Meals | | \$900,000.00 | | |
| | 3770 | Renaissance Home Health Care | | \$218,000.00 | | |
| | 3771 | Rent a Daughter Senior Care | | \$300,000.00 | | |
| | 3772 | Rose Centers for Aging Well | | \$200,000.00 | | |
| | 3733 | Senior Transportation Connection | | \$310,000.00 | | |
| | 3734 | Solutions Premier Training Services | | \$250,000.00 | | |
| | 3735 | Tobi Transportation Services | | \$196,000.00 | | |
| | 3736 | Transport Assistance, Inc | | \$50,000.00 | | |
| | 3769 | U First Homecare | | \$134,000.00 | | |
| 3747 | Valued Relationships, Inc. | | \$260,000.00 | | | |
| 3749 | Wash House CLE | | \$50,000.00 | | | |
| 3750 | Xcel Health Services, Inc. | | \$246,000.00 | | | |
| | Various – see Below | Amending Various Contracts to add | 6/1/2024 – 12/31/2025 | \$499,000.00 | | |

| | | | | | | |
|------|---|--|-------------|--------------|------------|------------|
| A-1 | | additional funding | | | 10/21/2024 | BC2024-761 |
| | 3732 | A-1 Healthcare LLC | | \$4,000.00 | | |
| | 3781 | Addus Heatlhcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing | | \$10,000.00 | | |
| | 3792 | Casleo Corporation dba Global Meals | | \$151,500.00 | | |
| | 3776 | Family and Community Services dba Mobile Meals, Inc. – Name change to: Axess Family Services, Inc. dba Mobile Meals | | \$2,500.00 | | |
| | 3768 | Purfoods LLC dba Mom’s Meals | | \$216,000.00 | | |
| | 3772 | Rose Centers for Aging Well | | \$10,000.00 | | |
| | 3769 | U First Homecare | | \$44,000.00 | | |
| | 3750 | Xcel Health Services, Inc. | | \$61,000.00 | | |
| | 4798 | Wash House CLE – Name Change to: Blue Heron LLC | | \$0 | | |
| A-2 | Amending Various Contracts to add funding, Term expiration remains 12/31/2025 | | | \$600,000.00 | Pending | Pending |
| | 3732 | A-1 Healthcare LLC | | \$1,300.00 | | |
| | 3779 | ABC International Services, inc. | | \$5,900.00 | | |
| | 3792 | Casleo Corporation dba Global Meals | | \$235,800.00 | | |
| | 3794 | Essence Health Services | | \$7,100.00 | | |
| | 3790 | Fernandez Property Group | | \$500.00 | | |
| | 3791 | First Choice Medical staffing | | \$7,500.00 | | |
| | 3776 | Axess Family Services, Inc. dba Mobile Meals | | \$11,000.00 | | |
| | 3768 | Purfoods LLC dba Mom’s Meals | | \$200,000.00 | | |
| | 3771 | Rent a Daughter | | \$18,000.00 | | |
| | 3772 | Rose Centers for Aging Well | | \$7,900.00 | | |
| | 3733 | Senior Transportation Connection | | \$50,000.00 | | |
| | 3736 | Transport Assistance, inc. | | \$6,000.00 | | |
| | 3769 | U First Homecare | | \$15,000.00 | | |
| 4798 | Blue Heron LLC | | \$18,000.00 | | | |
| 3750 | Xcel Health Services, Inc. | | \$16,000.00 | | | |

Service/Item Description (include quantity if applicable).

Cuyahoga County Division of Senior and Adult Services requesting approval of a Master contract amendment 2 with multiple vendors in the amount of \$600,000.00. There is no change to the term or scope of work for this amendment, and the master agreement expiration date remains at 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.

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

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

Project Goals, Outcomes or Purpose (list 3):

To add funding to continue to provide the following services:

- 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.

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): |

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| Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing) 2300 Warrenville Road, Suite 100 Downers Grove, IL 60515 | 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 |

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| 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 | 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): |

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| Axess Family Services, Inc. formerly known as Family & Community Services dba Mobile Meals 1400 S. Arlington St., Suite 38. Akron, OH 44306 | Marihelyn Horrigan, Community Impact Director |
| 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 |

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| 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): |
| 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 19 | 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 20 | 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 |

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| 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): |
| 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 22 | Owner, executive director, other (specify): |
| Blue Heron Holdings, LLC formerly Wash House CLE 713 Upper Merriman Dr. Akron, Ohio 44303 | Mr. John Boughton, 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 23 | 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. | |
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|--|--|
| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
| RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: | Provide a short summary for not using competitive bid process. *See Justification for additional information. |

Rev. 05/07/2024

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

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

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|--|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100% |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260295 |
| 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.
The original contract is ongoing and this amendment is adding \$600,000.00 to help pay current invoices

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

If late, have services begun? No Yes (if yes, please explain) Invoices are being collected to backpay for services beginning

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|---|--------------------------------|-------------|-----------------------|----------------|---------------------------|--------------|
| O | Various | Various | 7/1/2021 – 12/31/2022 | \$6,800,435.60 | 6/22/2021 | R2021 - 0151 |
| A - 1 | Various | Various | 7/1/2021 – 12/31/2023 | \$4,476,500.00 | 4/11/2023 | R2023 - 0086 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3732 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|---------------------|------------|
| A-1 HEALTH CARE, INC. – OPT24 – AMND 2 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | OK AC |
| Justification Form | | | DL | OK AC |
| IG# | 23-0408-REG exp 12/31/2027 | | DL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | DL | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | DL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07/08/2024 | DL | OK AC |
| Cover - <i>Master contracts only</i> | | | DL | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI exp 01.31.25 | DL |
| Workers’ Compensation Insurance exp 07.01.2025 | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|-------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$1,300.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$1,300.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212834 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3732 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3732 |
| Vendor Name: | A-1 Health Care, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$1300.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | A-1 Healthcare Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3732 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 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. | | | | |
| 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. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 10/18/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3733 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------------------------|---------|---------------------|------------|
| Senior Transportation Connection | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 20-0277 (exp. 12/31/24) | | JW | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9/6/24 | JW | OK AC |
| Auditor’s Findings | Date: | 9/6/24 | JW | OK AC |
| Independent Contractor (I.C.) Form | Date: | 8/19/24 | JW | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | JW | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Original Executed Contract (containing insurance terms) & all executed amendments | JW |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|--------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09318 | N/A | \$50,000.00 |
| 1/1/2025-12/31/2025 | HS260295 | 56110 | UCH09318 | N/A | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$50,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212835 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3733 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|----------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3733 |
| Vendor Name: | Senior Transportation Connection |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$50,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Senior Transportation Connection | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 210773 Current: 212835 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 provide transportation services to medical appointments. | | | | |
| 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. 91% 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. 91% 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 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 | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3736 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------|---------|----------------------------|-------------------|
| Transport Assistance Inc | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | | | JW | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9/6/24 | JW | OK AC |
| Auditor’s Findings | Date: | 9/6/24 | JW | OK AC |
| Independent Contractor (I.C.) Form | Date: | 8/19/24 | JW | OK AC |
| Cover - Master contracts only | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | JW | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Original Executed Contract (containing insurance terms) & all executed amendments | JW |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|-------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09318 | | \$6,000.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09318 | | \$0.00 |
| | | | | | |
| | | | TOTAL | | \$6,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212838 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3736 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|----------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3736 |
| Vendor Name: | Transport Assistance, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$6,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Transport Assistance, INC | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 212274 Current: 212838 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 for medical appointments. | | | | |
| 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. 98% 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 | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|---------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM#3750 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|----------------------------|-------------------|
| Xcel Healthcare Providers, Inc. | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 20-0199-REG exp.12/31/2024 | | NM | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | NM | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | NM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 7/15/2024 | NM | OK AC |
| Cover - <i>Master contracts only</i> | | | NM | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | NM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</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 |
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Original Executed Contract (containing insurance terms) & all executed amendments | NM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$16,000.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0.00 |
| | | | | | |
| | | | TOTAL | | \$16,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212841 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM#3750 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|---------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3750 |
| Vendor Name: | XCEL Healthcare Providers, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$16,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Xcel Healthcare | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210777 Current: 212841 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. Not measurable: number 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. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider accepted 100% of a different Options provider's clients and aides when they went out of business. As a result, the referrals in the case management system were not measurable. They have a strong measure of customer satisfaction. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---|
| User Department | Department of Senior and Adult Services |
| Date | 10/18/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3768 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | |
|--|-------|---------------------|------------|
| | | Department Initials | Purchasing |
| Briefing Memo | | AC | OK AC |
| Justification Form | | AC | OK AC |
| IG# | | | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | N/A | |
| Debarment/Suspension Verified | Date: | | OK AC |
| Auditor’s Findings | Date: | | OK AC |
| Independent Contractor (I.C.) Form | Date: | | OK AC |
| Cover - <i>Master contracts only</i> | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | N/A | |
| Checklist Verification | | | 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 | |
| Matrix Law Screen shot | |
| COI | |
| Workers’ Compensation Insurance | |
| Original Executed Contract (containing insurance terms) & all executed amendments | |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|--------------|-----------------|----------------|---------------|--------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | \$ |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / 12904 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3768 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3768 |
| Vendor Name: | PurFoods, LLC dba Mom's Meals |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Purfoods LLC dba Mom's Meals | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210778 Current: 212842 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 to provide nutritionally balanced meals to improve or maintain health. | | | | |
| 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 | 10/17/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|---------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM#3769 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-----------------------------|------------|---------------------|------------|
| | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 23-0091-REG exp. 12/31/2027 | | | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | NM | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | NM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 08.20.2024 | NM | OK AC |
| Cover - Master contracts only | | | NM | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | NM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</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 |
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Original Executed Contract (containing insurance terms) & all executed amendments | NM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|--------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$15,000.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$15,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212843 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM#3769 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|---------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3769 |
| Vendor Name: | U-First Homecare Services |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$15,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | U-First Homecare Services, Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210781 Current: 212843 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 0% of referrals were accepted or refused within 5 business days of referral, though service began prior to acceptance in the case management system. 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. | | | | |
| 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 prior to the acceptance (when they received referral through phone or email). They said they would work toward looking at the queue more often. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|--------------------------------|
| User Department | Department of Senior and Adult |
| Date | 10/18/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------|
| Infor/Lawson RQ#: | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO# Code (if applicable): | 212805/RFP |
| CM Contract# | 3771 |

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

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the amendment being submitted late? | In an effort to use the entirety of the Healthy Aging Grant funding before the 9/30/2024 deadline, this amendment needs to be backdated to 6/1/2024. | |
| What is being done to prevent this from reoccurring? | We continue to try to stay in contact with our partners regularly so we can stay on top of new procurements. We moved as quickly as we could when we were informed about the funding. | |

| | | |
|---|------------------------------|--|
| 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 | | | | DLL | OK AC |
| IG# | 23-0267-REG | | exp 12/31/2027 | DLL | OK AC |
| 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: | 9.13.2024 | | DLL | OK AC |
| Auditor's Finding | Date: | 9.13.2024 | | DLL | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | 9.17.2024 | | DLL | OK AC |
| Cover - <i>Master amendments only</i> | | | | DLL | OK AC |
| Contract Evaluation | | | | 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 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

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

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------------------|-----------------|----------------|--------------|---------------|
| 06/01/2024 – 12/31/2024 | HS260280 | 56110 | HS-24-HAG | \$0.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$0.00 |

| | |
|--|------------|
| Contract History CE/AG# (if applicable) | N/A |
| Infor/Lawson PO# Code (if applicable) | 212805/RFP |
| Lawson RQ# (if applicable) | 12904 |
| CM Contract# | 3771 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$9,550,000.00 | | 01/01/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Prior Amendment Amounts (list separately) | | \$ | | | |
| Pending Amendment | | \$499,000.00 | 01/01/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$499,000.00 | 01/01/2024 – 12/31/2025 | Pending | Pending |
| Total Contact Amount | | \$10,049,000.00 | | | |

Purchasing Use Only:

| | |
|--------------------|-----------------------------------|
| Prior Resolutions: | R2023-0337 |
| Amend: | 1 |
| Vendor Name: | RENT A DAUGHTER SENIOR CARE, INC. |
| ftp: | 6/30/24 - 12/31/25 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|------------|
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Procurement Notes: | |
| Purchasing Buyer’s initials and date of approval | AC 9/30/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Rent A Daughter Senior Care, Inc. | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 212805 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 | Rent A Daughtrer is currently providing homemaking and/or personal care for 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. This provider was new to this contract period and was oriented to the case management system at the billing cycle, making it unmeasurable. 2. This provider was new to this contract period and was oriented to the case management system at the billing cycle, making it unmeasurable. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | This provider is new to the Options program. They have received good reports from clients, and appear to be both timely and reliable. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3772 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|-----------|---------------------|------------|
| | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 23-0399-REG exp 12/31/2027 | | DLL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9.13.2024 | DLL | OK AC |
| Auditor’s Findings | Date: | 9.13.2024 | DLL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 9.17.2024 | DLL | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DLL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DLL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|--------------------------------|-------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09322 | \$7,900.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09322 | \$0.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$7,900.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | PO# 212806/ RFP | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3772 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|----------------------------------|
| Prior Resolutions: | R2023-0337. BC 2024-761 |
| CM#: | 3772 |
| Vendor Name: | Rose Centers for Aging Well, LLC |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$7,900.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Rose Centers For Aging Well | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210771 Current: 212806 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 to provide nutritionally balanced meals to improve or maintain health. | | | | |
| 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 | 10/17/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3779 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|----------------------------|-------------------|
| ABC International Services, Inc. – OPT24 – AMND 2 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | OK AC |
| Justification Form | | | DL | OK AC |
| IG# | 24-0258-REG exp 12/31/2028 | | DL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | DL | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | DL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07/08/2024 | DL | OK AC |
| Cover - <i>Master contracts only</i> | | | DL | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI exp 10.16.25 | DL |
| Workers’ Compensation Insurance exp 07.01.2025 | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|--|-----------------|----------------|-----------------|--------------------------------|-------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$5,900.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$5,900.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212809 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3779 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|----------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3779 |
| Vendor Name: | ABC International Services, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$5900.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | ABC International | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3779 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024 – 12/31/2025 | | | | |
| 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 | <p>1. 90% of referrals will be accepted or refused within 5 business days of referral.</p> <p>2. Chore - 90% of clients will have services completed within 30 days of the referral acceptance, except in cases of documented client cancelations.</p> <p>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</p> | | | | |
| Actual Performance versus performance indicators (include statistics): | <p>1.Chore-100% of referrals were accepted or refused within 5 business days of referral.</p> <p>1. Grab bar-92% of referrals were accepted or refused within 5 business days of referral.</p> <p>2. Chore - 34% of clients had services completed within 30 days of the referral acceptance, except in cases of documented client cancelations.</p> <p>2. Grab bar- 78% of clients had grab bars completely installed within 30 days of receiving the authorization from the landlord, except in cases of documented client cancellations</p> | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |

| | |
|--------------------------------|--|
| Justification of Rating | This provider is the only contract for Chore services. They now have three team leads for the chore service, which has been helping them to provide service in a timelier manner. Satisfaction with the finished product is good. This provider also supplies grab bars and grab bar installation. |
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 10/18/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ#: | 12904 |
| Buyspeed RQ# (if applicable): | n/a |
| Infor/Lawson PO# Code (if applicable): | RFP |
| CM Contract# | 3790 |

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

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the amendment being submitted late? | In an effort to use the entirety of the Healthy Aging Grant funding before the 9/30/2024 deadline, this amendment needs to be backdated to 6/1/2024. | |
| What is being done to prevent this from reoccurring? | We continue to try to stay in contact with our partners regularly so we can stay on top of new procurements. We moved as quickly as we could when we were informed about the funding. | |

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

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--------------------------|-----------|---------------------|------------|
| Fernandez Property Group | | | Department initials | Purchasing |
| Justification Form | | | DWM | OK AC |
| IG# | 23-0262-REG – 12/31/2027 | | DWM | OK AC |
| 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: | 9/4/2024 | DWM | OK AC |
| Auditor's Finding | Date: | 9/4/2024 | DWM | OK AC |
| Independent Contractor (I.C.) Requirement | Date: | 7/16/2024 | DWM | OK AC |
| Cover - <i>Master amendments only</i> | | | DWM | OK AC |
| Contract Evaluation | | | 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 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|---|-----|
| Agreement/Contract and Exhibits | DWM |
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWN |
| Original Executed Contract (containing insurance terms) & all executed amendments | DWM |

Accounting Units

| Time Period | Accounting Unit | Account Number | Sub Account | Dollar Amount |
|-------------|-----------------|----------------|--------------|---------------|
| | | | | \$0.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$0.00 |

| | |
|--|-------|
| Contract History CE/AG# (if applicable) | 12904 |
| Infor/Lawson PO# Code (if applicable) | N/A |
| Lawson RQ# (if applicable) | RFP |
| CM Contract# | 3792 |

| | Original Amount | Amendment Amount | Original Time Period/Amended End Date | Approval Date | Approval # |
|--|-----------------|------------------|---------------------------------------|---------------|------------|
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 9/30/2025 | 11/28/2023 | R2023-0337 |
| Prior Amendment Amounts (list separately) | | | | | |
| Pending Amendment | | \$499,000.00 | 1/1/2024 – 12/31/25 | 10/21/24 | Pending |
| Total Amendments | | \$499,000.00 | 1/1/2024 – 12/31/25 | Pending | Pending |
| Total Contact Amount | | \$10,049,000.00 | | | |

Purchasing Use Only:

| | |
|--------------------|-------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| Amend: | 2 |
| Vendor Name: | Fernandez Property Group Ohio |
| ftp: | 1/1/2024 – 12/31/25 |
| Amount: | \$0.00 |

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 | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Fernandez Property Group | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 212851 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 | The installation of grab bars is intended to improve safety for clients living in their own home. This includes 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 cancelations. 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. This is a new provider who was oriented to the system for the first billing cycle, so this is unmeasurable. 2. This is a new provider who was oriented to the system for the first billing cycle, so this is unmeasurable. 3. Agree on measure of customer satisfaction 4. 5.8% customer concern measure | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |

| | |
|--------------------------------|---|
| Justification of Rating | This is a new provider for this contract period. They have had strong timeliness and customer satisfaction. They install grab bars directly into the stud, which makes the product sturdier than some other products. They also install special grab bars that work for floor installation. |
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|----------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM# 3791 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|---|-----------------------------|------------|----------------------------|-------------------|
| First Choice Medical Staffing of Ohio, Inc. | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0413-REG EXP. 12/31/2025 | | DA | OK AC |
| Annual Non-Competitive Bid Contract Statement (Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval) | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | DA | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | DA | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07.06.2024 | DA | OK AC |
| Cover - Master contracts only | | | AC | OK AC |
| Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2) | | | DA | OK AC |
| TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number) | | | N/A | |
| Checklist Verification | | | DA | 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 | |
|---|----------------------------|
| First Choice Medical Staffing of Ohio, Inc. | Department Initials |
| Agreement/Contract and Exhibits | DA |
| Matrix Law Screen shot | DA |
| COI | DA |
| Workers’ Compensation Insurance | DA |
| Original Executed Contract (containing insurance terms) & all executed amendments | DA |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|-------------------|
| Effective upon Signature - 12/31/2024 | HS260295 | 56110 | UCH09319 | 56110 | \$7,500.00 |
| 1/1/2025 - 12/31/2025 | HS260295 | 56110 | UCH09319 | 56110 | \$0 |
| | | | | | |
| | | | TOTAL | | \$7,500.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212813 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM# 3791 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3791 |
| Vendor Name: | First Choice Medical Staffing of Ohio, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$7,500.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | First Choice Medical Staffing | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#3328 (copy 1437), PO#212267 Current: 212813 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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. 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 25% of referrals were accepted or refused within 5 business days of referral, though the start date often preceded the acceptance date. 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. | | | | |
| 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. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---------------------------------------|
| User Department | Division of Senior and Adult Services |
| Date | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3792 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--------------------------|----------|----------------------------|-------------------|
| Caselo Corporation dba Global Meals | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 20-0211-REG – 12/31/2024 | | DWM | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/16/24 | DWM | OK AC |
| Auditor’s Findings | Date: | 10/16/24 | DWM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 8/1/24 | DWM | OK AC |
| Cover - Master contracts only | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DWM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Original Executed Contract (containing insurance terms) & all executed amendments | DWM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|---------------------|
| Effective Upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09322 | | \$235,800.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09322 | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$235,800.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#: 212814 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3792 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|-------------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3792 |
| Vendor Name: | Casleo Corporation dba Global Meals |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$235,800.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Casleo Corporation | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210783 212277 Current: 212812 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 to provide nutritionally balanced meals to improve or maintain health. | | | | |
| 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 | 10/24/2024 |
|-------------|------------|

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3794 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--------------------------|------------|---------------------|------------|
| Essence Heath Services | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 23-0266-REG – 12/31/2027 | | | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/23/2024 | DWM | OK AC |
| Auditor’s Findings | Date: | 10/23/2024 | DWM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 7/18/24 | DWM | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DWM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Original Executed Contract (containing insurance terms) & all executed amendments | DWM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|-------------------|
| Effective upon signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$2,100.00 |
| Effective upon signature – 12/31/2024 | HS260296 | 56110 | UCH09321 | | \$5,000.00 |
| 1/1/2025 – 12/31/2025 | HS260296 | 56110 | UCH09319 | | \$0.00 |
| 1/1/2025 – 12/31/2025 | HS260296 | 56110 | UCH9321 | | \$0.00 |
| | | | TOTAL | | \$7,100.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#: 212853 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3794 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3794 |
| Vendor Name: | ESSENCE HEALTH SERVICES, INC. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$7,100.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Essence Health Services, Inc. | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 212853 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 | Essence is currently providing homemaking and/or personal care for 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. This is a new provider, and the system orientation did not occur until the billing cycle began, which means this is unmeasurable. 2. This is a new provider, and the system orientation did not occur until the billing cycle began, which means this is unmeasurable. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | This is a new provider who has accepted Options clients. During the timeframe selected, the data is unmeasurable. Customers like this agency and they are beginning very well as a provider. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---------------------------------------|
| User Department | Division of Senior and Adult Services |
| Date | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------------------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM#4798 FKA 3749 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-----------------------------|------------|----------------------------|-------------------|
| Blue Heron Holdings, LLC formerly Wash House CLE, LLC | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | |
| IG# | 24-0305-REG exp. 12/31/2028 | | NM | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | | Date: | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | NM | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | NM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 8.26.2024 | NM | OK AC |
| Cover - <i>Master contracts only</i> | | | NM | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | NM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</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 |
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Original Executed Contract (containing insurance terms) & all executed amendments | NM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|--------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09324 | | \$18,000.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09324 | | \$0.00 |
| | | | | | |
| | | | TOTAL | | \$18,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 213617 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM#4798 FKA 3749 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 4798 FKA 3749 |
| Vendor Name: | Blue Heron Holdings, LLC (Formerly: Wash House CLE) |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$18,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Blue Heron Holdings, LLC formerly Wash House | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210777 Current: 212841 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 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 | 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. Not measurable: number 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. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider accepted 100% of a different Options provider's clients and aides when they went out of business. As a result, the referrals in the case management system were not measurable. They have a strong measure of customer satisfaction. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |

| | |
|------------------------|---|
| User Department | Department of Senior and Adult Services |
| Date | 10/18/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------------------------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM# 4958 (Copy of 3776) |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-----------------------------|------------|---------------------|------------|
| Axxess Family Services, Inc. dba Mobile Meals | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0041-REG EXP. 12/31/2025 | | DA | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | DA | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | DA | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07.15.2024 | DA | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DA | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DA | 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 | |
|---|---------------------|
| Axxess Family Services, Inc. dba Mobile Meals | Department Initials |
| Agreement/Contract and Exhibits | DA |
| Matrix Law Screen shot | DA |
| COI | DA |
| Workers’ Compensation Insurance | DA |
| Original Executed Contract (containing insurance terms) & all executed amendments | DA |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|--------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09322 | 56110 | \$11,000.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09322 | 56110 | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$11,000.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#213618 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM# 4958 (Copy of 3776) | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|---|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 4958 FKA 3776 |
| Vendor Name: | Axess Family Services, Inc. dba Mobile Meals (Formerly: Family & Community Services, Inc. dba Mobile Meals) |
| Time Period: | 1/1/24-12/31/25 |
| Amount: | \$11,000.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Axess Family Services dba Mobile Meals | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM 4958 (Copy of 3776), CM 3776, PO# 200048 Current: 212808 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 to provide nutritionally balanced meals to improve or maintain health. | | | | |
| 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 | 10/22/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3735 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------------------------|---------|---------------------|------------|
| TOBI Transportation LLC | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0069 (exp. 12/31/25) | | JW | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9/6/24 | JW | OK AC |
| Auditor’s Findings | Date: | 9/6/24 | JW | OK AC |
| Independent Contractor (I.C.) Form | Date: | 9/11/24 | JW | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | JW | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | JW |
| COI | JW |
| Workers’ Compensation Insurance | JW |
| Original Executed Contract (containing insurance terms) & all executed amendments | JW |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------|-----------------|----------------|---------------|--------------------------------|---------------|
| | | | | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$0.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| | | | | | |
|---|------------------------|---|--|--------------------------------------|-----------------------------------|
| CE/AG# (if applicable) | | N/A | | | |
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212837 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3735 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|-----------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3735 |
| Vendor Name: | TOBI Transportation Services, LLC |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Tobi Transportation Services, LLC | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | Infor/Lawson PO#: 212271 Current: 212837 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 for medical appointments. | | | | |
| 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. | | | | |

| | |
|---------------------------|---------------------------------------|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Division of Senior and Adult Services |
| Date | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|---------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM#3747 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|---------------------|------------|
| | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0144-REG- exp12/31/2025 | | NM | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | NM | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | NM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07/15/2024 | NM | OK AC |
| Cover - <i>Master contracts only</i> | | | NM | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | NM | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</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 |
| Matrix Law Screen shot | NM |
| COI | NM |
| Workers’ Compensation Insurance | NM |
| Original Executed Contract (containing insurance terms) & all executed amendments | NM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| Effective upon Signature-12/31/2025 | | | | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$0.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212839 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM#3747 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|----------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3747 |
| Vendor Name: | Valued Relationships, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Valued Relationships, Inc | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210780 Current: 212839 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 | | | | |
| 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. | | | | |
| 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. They also use a social model of engagement, which allows customers to call for reassurance and to stay on the line when customers are doing something that produces a measure of anxiety. | | | | |

| | |
|---------------------------|---|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 10/18/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3772 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|-----------|---------------------|------------|
| | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 23-0399-REG exp 12/31/2027 | | DLL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9.13.2024 | DLL | OK AC |
| Auditor’s Findings | Date: | 9.13.2024 | DLL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 9.17.2024 | DLL | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DLL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DLL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|--------------------------------|-------------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09322 | \$7,900.00 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09322 | \$0.00 |
| | | | | |
| | | | | |
| | | | TOTAL | \$7,900.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | PO# 212806/ RFP | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3772 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2023-0337, BC2023-761 |
| CM#: | 3770 |
| Vendor Name: | Renaissance Home Health Care, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$7900.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Renaissance Home Health Care | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 210776 212268 Current: 212844 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 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. They have been accepted to also do laundry, but never began to accept laundry clients. | | | | |
| 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 services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 100% of referrals started service prior to the referral in the case management system. 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. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Performance measures were exceeded for homemaking and personal care. Laundry was contracted, but never provided. | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|----------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM# 3773 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------------|-----------------|----------------------------|-------------------|
| Geocare, Inc. dba Home Instead Senior Care | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0418-REG | Exp. 12/31/2025 | DA | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | DA | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | DA | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07.23.2024 | DA | OK AC |
| <i>Cover - Master contracts only</i> | | | AC | OK AC |
| <i>Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2)</i> | | | DA | OK AC |
| <i>TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DA | 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 | |
|---|----------------------------|
| Geocare, Inc. dba Home Instead Senior Care | Department Initials |
| Agreement/Contract and Exhibits | DA |
| Matrix Law Screen shot | DA |
| COI | DA |
| Workers’ Compensation Insurance | DA |
| Original Executed Contract (containing insurance terms) & all executed amendments | DA |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------|-----------------|----------------|---------------|--------------------------------|---------------|
| | | | | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$0.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212845 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM# 3773 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3773 |
| Vendor Name: | Geocare, Inc. dba Home Instead Senior Care |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Geocare Inc., DBA Home Instead Senior Care | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3773, PO# 200045 Current: 212845 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 26 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). | | | | |
| 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 services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. 89% of the referrals were accepted within 5 business days. 2. 92% of clients began service within 21 days of referral. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | This provider has historically been a strong provider, and are the only totally West side provider, which is needed. They have a strong measure of customer satisfaction. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 10/22/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|----------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | CM# 3775 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|-------------|-----------------|----------------------------|-------------------|
| Home Care Relief, Inc. | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0044-REG | EXP. 12/31/2025 | DA | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10.18.2024 | DA | OK AC |
| Auditor’s Findings | Date: | 10.18.2024 | DA | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07.16.2024 | DA | OK AC |
| Cover - <i>Master contracts only</i> | | | AC | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DA | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DA | 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 | |
|---|----------------------------|
| Home Care Relief, Inc. | Department Initials |
| Agreement/Contract and Exhibits | DA |
| Matrix Law Screen shot | DA |
| COI | DA |
| Workers’ Compensation Insurance | DA |
| Original Executed Contract (containing insurance terms) & all executed amendments | DA |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------|-----------------|----------------|---------------|--------------------------------|---------------|
| | | | | | \$0.00 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$0.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#212807 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | CM# 3775 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3775 |
| Vendor Name: | Home Care Relief, Inc. |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Home Care Relief | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM3775, PO# 200050 Current: 212807 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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 Options clients. Homemaking consists of light housekeeping (kitchen cleaning, bathroom cleaning, vacuum, mop, dust, bed linens, laundry care, doing errands). | | | | |
| 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 services within 21 days of the provider acceptance of initial referral, except in cases of documented client cancellations. | | | | |
| Actual Performance versus performance indicators (include statistics): | 1. There was one referral accepted during the time-period measured, not statistically significant. 2. There was one referral accepted during the time-period measured, not statistically significant. | | | | |
| 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 approximately 45 Options clients which are ongoing, but have not accepted many clients since they lost staff during the pandemic. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 10/22/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3781 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|----------------------------|-------------------|
| Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing) – OPT24 – AMND 2 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | OK AC |
| Justification Form | | | DL | OK AC |
| IG# | 21-0147-REG exp 12/31/2025 | | DL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | DL | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | DL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07/12/2024 | DL | OK AC |
| Cover - <i>Master contracts only</i> | | | DL | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI exp 06.01.25 | DL |
| Workers’ Compensation Insurance exp 07.01.2025 | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|--|-----------------|----------------|-----------------|--------------------------------|---------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$0 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0 |
| | | | | | |
| | | | | | |
| | | | TOTAL | | \$0 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212810 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3781 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3781 |
| Vendor Name: | Addus HealthCare (South Carolina), Inc. dba Arcadia Home Care & Staffing |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Addus Healthcare | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3781 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024 -12/31/2025 | | | | |
| 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 8 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. There was one referral accepted during the time period measured, so there is no statistical significance. 2. There was one referral accepted during the time period measured, so there is no statistical significance. | | | | |
| 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. This agency historically maintains a rather low number of clients, but the clients are pleased with their service. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Division of Senior and Adult Services | | | | |
| Date | 10/18/2024 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3788 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|--------------------------|------------|----------------------------|-------------------|
| Connect America | | | Department Initials | Purchasing |
| Briefing Memo | | | AC | OK AC |
| Justification Form | | | AC | OK AC |
| IG# | 21-0145-REG – 12/31/2025 | | DWM | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/23/2024 | DWM | OK AC |
| Auditor’s Findings | Date: | 10/23/2024 | DWM | OK AC |
| Independent Contractor (I.C.) Form | Date: | 7/18/24 | DWM | OK AC |
| Cover - Master contracts only | | | AC | OK AC |
| Contract Evaluation – if required provide most recent CM history on contract history table (see pg 2) | | | DWM | OK AC |
| TAC/CTO Approval or IT Standards (if required attach and identify relevant page #s or meeting approval number) | | | 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 |
| Matrix Law Screen shot | DWM |
| COI | DWM |
| Workers’ Compensation Insurance | DWM |
| Original Executed Contract (containing insurance terms) & all executed amendments | DWM |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|--------------|-----------------|----------------|---------------|--------------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | \$ |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO#: 212811 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3788 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3788 |
| Vendor Name: | Connect America.com LLC |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Connect America | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | CM#: 1406 PO#: 210769 Current: 212811 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024-12/31/2025 | | | | |
| 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. | | | | |
| 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 | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Connect America met most performance measures and has a good record of timeliness and a good record of customer service. They provide falls monitoring and lock boxes free to clients. | | | | |

| | |
|---------------------------|---|
| Department Contact | Cynthia Mason 216-420-6834 |
| User Department | Department of Senior and Adult Services |
| Date | 10/22/2024 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|-------|
| Infor/Lawson RQ# (if applicable): | 12904 |
| Buyspeed RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | RFP |
| CM Contract# | 3789 |

| | | |
|--|------------------------------|--|
| 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"/> |
|---|------------------------------|--|

| Contract Amendments Reviewed by Purchasing | | | | |
|--|----------------------------|------------|----------------------------|-------------------|
| Caring Hearts Health Services LLC – OPT24 – AMND 2 | | | Department Initials | Purchasing |
| Briefing Memo | | | DL | OK AC |
| Justification Form | | | DL | OK AC |
| IG# | 21-0142-REG exp 12/31/2025 | | DL | OK AC |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 10/18/2024 | DL | OK AC |
| Auditor’s Findings | Date: | 10/18/2024 | DL | OK AC |
| Independent Contractor (I.C.) Form | Date: | 07/10/2024 | DL | OK AC |
| Cover - Master contracts only | | | DL | OK AC |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | DL | OK AC |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | DL | 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 | DL |
| Matrix Law Screen shot | DL |
| COI exp 05.08.25 | DL |
| Workers’ Compensation Insurance exp 06.30.2025 | DL |
| Original Executed Contract (containing insurance terms) & all executed amendments | DL |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|---------------------------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| Effective upon Signature – 12/31/2024 | HS260295 | 56110 | UCH09319 | | \$0 |
| 1/1/2025 – 12/31/2025 | HS260295 | 56110 | UCH09319 | | \$0 |
| | | | | | |
| | | | TOTAL | | \$0 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP / PO# 212812 | | | |
| Lawson RQ# (if applicable) | | 12904 | | | |
| CM Contract# | | 3789 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$9,550,000.00 | | 1/1/2024 – 12/31/2025 | 11/28/2023 | R2023-0337 |
| Amendment 1 | | \$499,000.00 | 1/1/2024 – 12/31/2025 | 10/21/2024 | BC2024-761 |
| | | | | | |
| Pending Amendment | | \$600,000.00 | 1/1/2024 – 12/31/2025 | Pending | Pending |
| Total Amendments | | \$1,099,000.00 | | | |
| Total Contract Amount | | \$10,649,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|-----------------------------------|
| Prior Resolutions: | R2023-0337, BC2024-761 |
| CM#: | 3789 |
| Vendor Name: | Caring Hearts Health Services LLC |
| Time Period: | 1/1/2024 – 12/31/2025 |
| Amount: | \$0.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | AC 10/28/24 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Caring Hearts Health Services | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3789 | | | | |
| RQ# | 12904 | | | | |
| Time Period of Original Contract | 1/1/2024 – 12/31/2025 | | | | |
| 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, though that continues to be authorized. They are doing laundry only. 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). Laundry is intended to improve health and hygiene of clients by doing pick-up, wash, rinse, fold, pack and return laundry items to client. | | | | |
| 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. | | | | |
| Actual Performance versus performance indicators (include statistics): | <ol style="list-style-type: none"> 1. 67% of referrals were accepted within 5 business days. 2. 100% of clients began to receive service within 21 days of provider acceptance of initial referral. | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | This provider is doing laundry only for less than 10 persons, and clients do like the service very much. However, the contract is also for homemaking, personal care and chore, which is not actively being provided. | | | | |
| Department Contact | Cynthia Mason 216-420-6834 | | | | |
| User Department | Department of Senior and Adult Services | | | | |
| Date | 10/18/2024 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0428

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> <p>Co-sponsored by: Councilmember Turner</p> | <p>A Resolution authorizing an amendment to Contract No. 4868 with The Salvation Army 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 to extend the time period to 9/30/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$800,101.00, effective 10/1/2024; 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. 4868 with The Salvation Army 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 to extend the time period to 9/30/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$800,101.00, effective 10/1/2024; 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% 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.

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. 4868 with The Salvation Army 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 to extend the time period to 9/30/2025, to make budget line-item revisions, and for additional funds in the amount not-to-exceed \$800,101.00, effective 10/1/2024.

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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested: November 12, 2024

Journal _____
_____,20____

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

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

| | |
|--|--|
| Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below: 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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | |

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

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

HS220125 – US Department of Housing and Urban Development Rapid Rehousing for Singles grant

HS260350 – Health & Human Services levy

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item): 8/29/24

Date documents were requested from vendor: 9/10/24, 9/30/24, 10/4/24

Date of insurance approval from risk manager: 10/9/24

Date Department of Law approved Contract: 10/9/24

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

If late, have services begun? No 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 approved and active

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|---|--------------------------------|----------------|-------------------|--------------|---------------------------|--------------|
| O | 3868 | Salvation Army | 10/1/23 – 9/30/24 | \$794,821.00 | 11/28/23 | R2023-0347 |
| O | 3868 | Salvation Army | 10/1/24 – 9/30/25 | \$800,101.00 | Pending | Pending |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Buyspeed RQ# (if applicable): | |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 3868 |

| | | |
|--|--|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | HUD issued grant agreement late | |
| What is being done to prevent this from reoccurring? | N/A – OHS doesn’t have control over when grant agreements are issued | |

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

| Contract Amendments Reviewed by Purchasing | | | | |
|--|------------------------|----------|----------------------------|-------------------|
| Salvation Army | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 23-0271-REG 12/31/2027 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/24 | ER | BRM |
| Auditor’s Findings | Date: | 10/10/24 | ER | BRM |
| Independent Contractor (I.C.) Form | Date: | 11/28/23 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | N/A | N/A |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|--------------------|-----------------|----------------|-----------------|--------------------------------|----------------------|
| 10/1/24 – 12/31/24 | HS220125 | 55130 | HS-2024-RRH-ADU | 55130 | \$ 550,101.00 |
| 1/1/25 – 9/30/25 | HS220125 | 55130 | HS-2024-RRH-ADU | 55130 | \$ 0.00 |
| 10/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 42,000.00 |
| 1/1/25 – 9/30/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 208,000.00 |
| | | | TOTAL | | \$ 800,101.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 3868 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$ 794,821.00 | | 10/1/23 – 9/30/24 | 11/28/23 | R2023-0347 |
| Prior Amendment Amounts (list separately) (A-#) | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ 800,101.00 | 9/30/25 | Pending | Pending |
| Total Amendments | | \$ 800,101.00 | | | |
| Total Contract Amount | | \$ 1,594,922.00 | | | |

PURCHASING USE ONLY

| | |
|--|-----------------------------------|
| Prior Resolutions: | R2023-0347 |
| CM#: | 3868 |
| Vendor Name: | The Salvation Army |
| Time Period: | 10/1/2023-9/30/2024 ext 9/30/2025 |
| Amount: | \$800,101.00 |
| History/CE: | Ok |
| EL: | ok |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/15/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|--|----------------------|----------------|----------------------|-------------|
| Contractor | Salvation Army | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 3868 | | | | |
| RQ# | N/A | | | | |
| Time Period of Original Contract | 10/1/23 – 9/30/24 | | | | |
| Background Statement | Salvation Army was awarded a contract in 2023 to operate the PASS Rapid Re-Housing Program, which provides 75 shelter beds and rapid rehousing services 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 220 unique individuals in 2023. 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 | 10/10/24 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0429

| | |
|---|---|
| Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services | A Resolution making awards with various providers in the total amount not-to-exceed \$4,000,000.00 for operating support of Department of Housing and Urban Development (HUD) approved permanent housing services for the period 7/1/2024 – 6/30/2026; 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 Community Initiatives/Office of Homeless Services recommends awards and entering into contracts with various providers in the total amount not-to-exceed \$4,000,000.00 for operating support of Department of Housing and Urban Development (HUD) approved permanent housing services for the period 7/1/2024 – 6/30/2026 as follows:

- 1) Contract No. 4700 with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$1,910,166.00.
- 2) Contract No. 4701 with Famicos Foundation in the amount not-to-exceed \$300,194.00.
- 3) Contract No. 4702 with Front Steps Housing & Services, Inc. in the amount not-to-exceed \$556,860.00.
- 4) Contract No. 4703 with Humility of Mary Housing, Inc. in the amount not-to-exceed \$221,592.00.
- 5) Contract No. 4704 with Mental Health Services for Homeless Persons, Inc. dba Frontline Services in the amount not-to-exceed \$357,386.00.
- 6) Contract No. 4705 with The Young Women’s Christian Association of Greater Cleveland, Ohio- YWCA Cogswell Hall in the amount not-to-exceed \$370,650.00.

- 7) Contract No. 4706 with The Young Women’s Christian Association of Greater Cleveland, Ohio- YWCA Independence Place in the amount not-to-exceed \$283,152.00; and

WHEREAS, the primary goal of this project is to provide rent subsidized permanent housing, medical care, mental health, recovery and employment services to help individuals integrate back into their communities; and

WHEREAS, this project is funded 100% 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.

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

SECTION 1. That the Cuyahoga County Council hereby authorizes awards and entering into contracts various providers in the total amount not-to-exceed \$4,000,000.00 for operating support of Department of Housing and Urban Development (HUD) approved permanent housing services for the period 7/1/2024 – 6/30/2026 as follows:

- 1) Contract No. 4700 with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$1,910,166.00.
- 2) Contract No. 4701 with Famicos Foundation in the amount not-to-exceed \$300,194.00.
- 3) Contract No. 4702 with Front Steps Housing & Services, Inc. in the amount not-to-exceed \$556,860.00.
- 4) Contract No. 4703 with Humility of Mary Housing, Inc. in the amount not-to-exceed \$221,592.00.
- 5) Contract No. 4704 with Mental Health Services for Homeless Persons, Inc. dba Frontline Services in the amount not-to-exceed \$357,386.00.
- 6) Contract No. 4705 with The Young Women’s Christian Association of Greater Cleveland, Ohio- YWCA Cogswell Hall in the amount not-to-exceed \$370,650.00.
- 7) Contract No. 4706 with The Young Women’s Christian Association of Greater Cleveland, Ohio- YWCA Independence Place in the amount not-to-exceed \$283,152.00; and

SECTION 2. That the County Executive is authorized to execute the Master Contract and all documents consistent with 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | Office of Homeless Services; 24-26 Various Providers; Master Contract for Permanent Supportive Housing Supportive Services and Operations |
| 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/ Council Approved | Approval No. |
|--------------------------------|--------------------------------|---|------------------|-------------|----------------------------|--------------|
| O | 4700 | EDEN, Inc | 7/1/24 – 6/30/26 | \$1,910,166 | Pending | Pending |
| O | 4701 | Famicos | 7/1/24 – 6/30/26 | \$300,194 | Pending | Pending |
| O | 4702 | Front Steps | 7/1/24 – 6/30/26 | \$556,860 | Pending | Pending |
| O | 4703 | Humility of Mary Housing, Inc. | 7/1/24 – 6/30/26 | \$221,592 | Pending | Pending |
| O | 4704 | Mental Health Services for the Homeless dba FrontLine Service | 7/1/24 – 6/30/26 | \$357,386 | Pending | Pending |
| O | 4705 | YWCA Greater Cleveland – Independence Place | 7/1/24 – 6/30/26 | \$283,152 | Pending | Pending |
| O | 4706 | YWCA Greater Cleveland – Cogswell Hall | 7/1/24 – 6/30/26 | \$370,650 | Pending | Pending |

Service/Item Description (include quantity if applicable).

The Office of Homeless Services received approval for an alternative procurement request to make awards to Housing First agencies offering Permanent Supportive Housing (PSH) for chronically homeless single adults and high-barrier homeless persons. This funding was identified in 2021 to cover gaps in PSH services and operations due to limited HUD funding.

PSH is grounded in the Housing First Initiative, which was established in 2004 with the goal of ending chronic homelessness in the county. The model focuses on working with those who are experiencing the highest barriers to stabilization, including those struggling with severe mental illness, substance use, seniors, and veterans. In this model, clients move into housing quickly and then are provided support services onsite to address the issues that may interfere with their ability to maintain housing. Referrals come through the Continuum of Care’s Coordinated Entry process that targets the individuals and families with the longest and/or most episodes of homelessness, highest service needs, and highest barriers to housing.

OHS is entering into a master contract with five agencies for PSH supportive services and/or operations costs, with the provider breakdowns identified in the contract budget. Supportive services are designed to help households obtain and maintain housing. Services include but are not limited to, outreach, case management,

life skills training, substance use disorder services, medical and psychiatric services, supportive employment and vocational counseling, payee services, and, when needed, crisis intervention. These services are voluntary, and clients actively participate in creating their service delivery plan. Supportive services are provided using evidence-based practices, including motivational interviewing, harm reduction, and trauma-informed care, to help residents identify their goals. Operations covers the costs associated with the day-to-day physical operation of housing for homeless persons, including maintenance, repair, utilities, and front desk/security coverage.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Work with those who are experiencing the greatest barriers to stabilization, including chronically homeless single adults and high-barrier homeless persons
- Provide rent-subsidized permanent housing, medical care, mental health, recovery, and employment services to help individuals integrate back into their communities
- Provide operations costs necessary to maintain housing for high-barrier individuals

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: EDEN, Inc. 7812 Madison Avenue Cleveland, OH 44102 | Owner, executive director, other (specify): Elaine Gimmel, executive director |
| Vendor Council District: 3 | Project Council District: County-wide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |
| Vendor Name and address: Famicos Foundation 1325 Ansel Road Cleveland, OH 44106 | Owner, executive director, other (specify): John Anoliefo, executive director |
| Vendor Council District: 7 | Project Council District: 7 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |
| Vendor Name and address: Front Steps 2554 W 25th St Cleveland, OH 44113 | Owner, executive director, other (specify): Sherri Brandon, executive director |
| Vendor Council District: 7 | Project Council District: 7 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

| | |
|---|---|
| Vendor Name and address: Mental Health Services for the Homeless dba FrontLine Services 1744 Payne Avenue Cleveland, OH 44114 | Owner, executive director, other (specify): Susan Neth, executive director |
| Vendor Council District: 7 | Project Council District: 7 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |
| Vendor Name and address: Humility of Mary Housing, Inc 2251 Front Street, Suite 210 Cuyahoga Falls, OH 44221 | Owner, executive director, other (specify): Fred Berry, executive director |
| Vendor Council District: N/A | Project Council District: 8 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |
| Vendor Name and address: YWCA Greater Cleveland 4019 Prospect Ave E Cleveland, OH 44103 | Owner, executive director, other (specify): Helen Forbes Fields, president & CEO |
| Vendor Council District: 7 | Project Council District: 7 |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

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

| | |
|---|--|
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: | <input type="checkbox"/> Government Purchase |
| | <input checked="" type="checkbox"/> Alternative Procurement Process BC2024-356, approved 5/6/24 |
| 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: 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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | |

| |
|--|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health & Human Services Levy |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350 |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|---|--|
| Provide status of project. | |
| Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: OHS worked with Enterprise Community Partners, the Housing First coalition leader, to create an application and assessment for current Housing First-approved PSH providers. This is the first review of the PSH projects since their inception in 2004. Although OHS anticipated that we had started the process early enough to ensure the contract wouldn't be late, it took longer than anticipated due to the complexities of HUD funding received by providers and subrecipient agreements among providers. The process was not complete until July 2024. After that, there were delays in providers returning required documentation. | |
| Timeline | |
| Project/Procurement Start Date (date your team started working on this item): | 4/6/24 |
| Date documents were requested from vendor: | 5/9/24, 5/27/24, 6/14/24, 6/27/24, 7/17/24, 7/27/24, 8/6/24, 8/20/24, 8/27/24, 9/3/24, 9/16/24, 9/24/24, 9/30/24, 10/2/24, 10/9/24 |
| Date of insurance approval from risk manager: | 10/11/24 |
| Date Department of Law approved Contract: | 10/11/24 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |

If late, have services begun? No Yes (if yes, please explain) Services have begun but providers are aware that payments pending approval of the contract.

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|---|--|---|------------------|-------------|---------------------------|--------------|
| O | 1602 1604 1605 1606 1617 1613 1614 | EDEN; Famicos; Front Steps; Humility of Mary Housing; Mental Health Services for Homeless Persons (dba FrontLine Service); YWCA Greater Cleveland | 7/1/21 – 6/30/22 | \$2,000,000 | 8/3/21 | R2021-0183 |
| 1 | 1602 1604 1605 1606 1617 1613 1614 | EDEN; Famicos; Front Steps; Humility of Mary Housing; Mental Health Services for Homeless Persons (dba FrontLine Service); YWCA Greater Cleveland | 7/1/22 – 6/30/23 | \$2,000,000 | 1/24/23 | R2023-0016 |
| 2 | 1602 1604 1605 1606 1617 1613 1614 | EDEN; Famicos; Front Steps; Humility of Mary Housing; Mental Health Services for Homeless Persons (dba FrontLine Service); YWCA Greater Cleveland | 7/1/23 – 6/30/24 | \$2,000,000 | 8/1/23 | R2023-0219 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4700 |

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. After that, there were delays in providers returning required documentation. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|---------|----------------------------|-------------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| EDEN | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 20-0161-REG 12/31/2024 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/23/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/23/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/15/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|-----------------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 318,361.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 955,083.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 636,722.00 |
| | | | | | |
| | | | TOTAL | | \$1,910,166.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1602 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2021-0183, R2023-0016 |
| CM#: | 4700 |
| Vendor Name: | Emerald Development & Economic Network, Inc. |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | 1,910,166.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BR 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Emerald Development and Economic Network (EDEN) | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1602 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless and have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization – 89% Retention – 87% Returns – 8% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | X | | | |
| Justification of Rating | Meeting established benchmarks | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 7/29/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4701 |

| | | |
|--|--|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. There were also delays in providers returning required documents. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|---------|----------------------------|-------------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| Famicos | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 21-0206-REG 12/31/2025 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/17/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/17/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/26/24 | ER | BRM |
| <i>Cover - Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 50,032.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 150,097.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 100,065.00 |
| | | | | | |
| | | | TOTAL | | \$ 300,194.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1604 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|-------------------------|
| Prior Resolutions: | R2021-0183, R2023-0016 |
| CM#: | 4701 |
| Vendor Name: | Famicos Foundation, Inc |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | \$300,194.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Famicos | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1604 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless and have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization – 85% Retention – 95% Returns – 15% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | | X | | |
| Justification of Rating | Provider is meeting majority of benchmarks. | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 7/26/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4702 |

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. There was also a delay in providers submitting required documents. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses. | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|---------|---------------------|------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| Front Steps | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | |
| Justification Form | | | ER | |
| IG# | 21-0158-REG 12/31/2025 | | ER | |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | |
| Debarment/Suspension Verified | Date: | 9/24/24 | ER | |
| Auditor’s Findings | Date: | 9/24/24 | ER | |
| Vendor’s Submission | | | N/A | |
| Independent Contractor (I.C.) Form | Date: | 7/18/24 | ER | |
| Cover - <i>Master contracts only</i> | | | ER | |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | N/A | |
| Checklist Verification | | | ER | |

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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 92,810.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 278,430.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 185,620.00 |
| | | | | | |
| | | | TOTAL | | \$ 556,860.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1605 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|---|--|
| Prior Resolutions: | |
| CM#: | |
| Vendor Name: | |
| Time Period: | |
| Amount: | |
| History/CE: | |
| EL: | |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Front Steps | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1605 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless, defined as experiencing homelessness for one year or more or having 4 episodes in 3 years totaling at least 365 days. Persons who fall under the HUD definition of chronically homeless also have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization - 99% Retention – 96% Returns – 0% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | Provider is exceeding established benchmarks | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | /Office of Homeless Services | | | | |
| Date | 8/20/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4703 |

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|--------------------|----------------------------|-------------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| Humility of Mary | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 21-0217-REG 12/31/2025 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/24/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/24/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/28/24 7/26/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 36,932.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 110,796.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 73,864.00 |
| | | | | | |
| | | | TOTAL | | \$ 221,592.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1606 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|------------------------------------|
| Prior Resolutions: | R2021-0183, R2023-0016, R2023-0219 |
| CM#: | 4703 |
| Vendor Name: | Humility of Mary Housing, Inc. |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | \$221,592.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Humility of Mary | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1606 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless, defined as experiencing homelessness for one year or more or having 4 episodes in 3 years totaling at least 365 days. Persons who fall under the HUD definition of chronically homeless also have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization – 88% Retention – 88% Returns to homelessness – 0% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | Meets or exceeds most benchmarks | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 8/26/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4704 |

| | | |
|--|--|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. In addition, there was a day in receiving some required documents from providers. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|---------|---------------------|------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| FrontLine Service | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 24-0016-REG 12/31/2028 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/24/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/24/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/23/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 59,564.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 178,693.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 119,129.00 |
| | | | | | |
| | | | TOTAL | | \$ 357,386.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1617 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2021-0183, R2023-0016, R2023-0219 |
| CM#: | 4704 |
| Vendor Name: | Mental Health Services for Homeless Persons, Inc. dba FrontLine Services |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | \$357,386.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | Mental Health Services dba Frontline | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1617 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless, defined as experiencing homelessness for one year or more or having 4 episodes in 3 years totaling at least 365 days. Persons who fall under the HUD definition of chronically homeless also have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization – 97% Retention – 95% Returns to homelessness – 20% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | Meets most established benchmarks | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 8/20/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4705 |

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. It also took additional time for providers to return required documents. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION Exemptions (Contract) Reviewed by Purchasing | | | | |
|--|------------------------|---------|----------------------------|-------------------|
| YWCA Cogswell Hall | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 23-0030-REG 12/31/2027 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/24/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/24/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/24/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|----------------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 61,775.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 185,325.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 123,550.00 |
| | | | TOTAL | | \$ 370,650.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|--|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1613 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2021-0183, R2023-0016, R2023-0219 |
| CM#: | 4705 |
| Vendor Name: | The Young Women’s Christian Association of Greater Cleveland, Ohio |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | \$370,650.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | YWCA - Independence | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1614 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless, defined as experiencing homelessness for one year or more or having 4 episodes in 3 years totaling at least 365 days. Persons who fall under the HUD definition of chronically homeless also have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization -98% Retention – 82% Returns to homelessness – 11% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | Exceeds established benchmarks on two out of three indicators | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 8/20/24 | | | | |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4706 |

| | | |
|--|--|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS needed additional time to complete the PSH analysis. This is the first analysis, and it took longer than expected due to the complexities of multiple funding sources. Also took additional time for providers to submit required documents. | |
| What is being done to prevent this from reoccurring? | OHS will allow for additional time to complete the process for any future PSH analyses | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|---------|---------------------|------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| YWCA Independence | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 23-0030-REG 12/31/2027 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 9/24/24 | ER | BRM |
| Auditor’s Findings | Date: | 9/24/24 | ER | BRM |
| Vendor’s Submission | | | N/A | N/A |
| Independent Contractor (I.C.) Form | Date: | 7/24/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | BRM |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | BRM |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|---------------|
| 7/1/24 – 12/31/24 | HS260350 | 55130 | UCH00000 | 55130 | \$ 47,192.00 |
| 1/1/25 – 12/31/25 | HS260350 | 55130 | UCH00000 | 55130 | \$ 141,576.00 |
| 1/1/26 – 6/30/26 | HS260350 | 55130 | UCH00000 | 55130 | \$ 94,384.00 |
| | | | | | |
| | | | TOTAL | | \$ 283,152.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | EXMT | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | 1614 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,000,000.00 | | 7/1/21 – 6/30/22 | 8/3/21 | R2021-0183 |
| Prior Amendment Amounts (list separately) (A-1) | | \$2,000,000.00 | 6/30/23 | 1/24/23 | R2023-0016 |
| A-2 | | \$2,000,000.00 | 6/30/24 | 8/1/23 | R2023-0219 |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$4,000,000.00 | | | |
| Total Contract Amount | | \$6,000,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2021-0183, R2023-0016, R2023-0219 |
| CM#: | 4706 |
| Vendor Name: | The Young Women’s Christian Association of Greater Cleveland, Ohio |
| Time Period: | 7/1/2024-6/30/2026 |
| Amount: | \$283,152.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/16/2024 |

CONTRACT EVALUATION FORM

| | | | | | |
|---|---|----------------------|----------------|----------------------|-------------|
| Contractor | YWCA - Independence | | | | |
| Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: | 1614 | | | | |
| RQ# | n/a | | | | |
| Time Period of Original Contract | 7/1/21 – 6/30/22 | | | | |
| Background Statement | Permanent Supportive Housing provides housing for persons who are chronically homeless, defined as experiencing homelessness for one year or more or having 4 episodes in 3 years totaling at least 365 days. Persons who fall under the HUD definition of chronically homeless also have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. | | | | |
| Service Description | Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Tenant referrals are only through the Cuyahoga County Continuum of Care Coordinated Entry System | | | | |
| Performance Indicators | Utilization of units – 85% Retention of units – 90% Returns to homelessness – less than 13% | | | | |
| Actual Performance versus performance indicators (include statistics): | Utilization -98% Retention – 82% Returns to homelessness – 11% | | | | |
| Rating of Overall Performance of Contractor | Superior | Above Average | Average | Below Average | Poor |
| Select One (X) | | x | | | |
| Justification of Rating | Exceeds two out of three established benchmarks | | | | |
| Department Contact | Erin Rearden | | | | |
| User Department | Office of Homeless Services | | | | |
| Date | 8/20/24 | | | | |

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0430

| | |
|--|--|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiatives/Office of Homeless Services</p> | <p>A Resolution making an award with Lutheran Metropolitan Ministry in the amount not-to-exceed \$3,108,549.00 for joint transition and rapid housing project services in connection with the Youth Homelessness Demonstration Program for the period 1/1/2024 – 12/31/2025; authorizing the County Executive to execute Contract No. 4944 and all other documents consistent with said award 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 Community Initiatives/Office of Homeless Services recommends an award with Lutheran Metropolitan Ministry in the amount not-to-exceed \$3,108,549.00 for joint transition and rapid housing project services in connection with the Youth Homelessness Demonstration Program for the period 1/1/2024 – 12/31/2025; and

WHEREAS, the primary goals for this project are to provide short-term housing and/or long-term rapid rehousing assistance to YYA experiencing homelessness or housing instability and YYA driven case management and supportive services with a focus on developing community connections, empowering self-determination and facilitating access to meet YYA’s needs; and

WHEREAS, this project is funded U.S. Department of Housing and Urban Development Youth Homelessness Develop Program Joint Transitional Housing-Rapid Rehousing Grant Fund; and

WHEREAS, it is necessary that this Resolution become immediately effective in order that critical services provided by Cuyahoga County can continue.

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

SECTION 1. That the Cuyahoga County Council hereby makes an award to Lutheran Metropolitan Ministry in the amount not-to-exceed \$3,108,549.00 for

joint transition and rapid housing project services in connection with the Youth Homelessness Demonstration Program for the period 1/1/2024 – 12/31/2025.

SECTION 2. That the County Executive is authorized to execute Contract No. 4944 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Journal _____
_____, 20__

PURCHASE-RELATED TRANSACTIONS

| | |
|----------------------------------|---|
| Title | OHS; Lutheran Metropolitan Ministry; 2024 – 2025 Contract for Joint Transitional Housing – Permanent Supportive Housing for Young 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/Council Approved | Approval No. |
|--------------------------------|--------------------------------|--------------------------------|-------------------|----------------|---------------------------|--------------|
| O | 4944 | Lutheran Metropolitan Ministry | 1/1/24 – 12/31/25 | \$3,108,549.00 | Pending | Pending |
| | | | | | | |
| | | | | | | |

| |
|---|
| <p>Service/Item Description (include quantity if applicable).</p> <p>OHS received a grant from the US Department of Housing and Urban Development for the Youth Homeless Demonstration Program to propose new approaches to drastically reduce the number of youth experiencing homelessness, including unaccompanied, pregnant, and parenting youth. Awarded YHDP communities must develop a Coordinated Community Plan (CCP) to lay the groundwork for YHDP implementation and provide a framework for proposed YHDP projects. REACHing for New Heights, the Cuyahoga CCP identified a joint Transitional Housing – Rapid Rehousing (TH-RRH) project as a funding priority.</p> <p>Lutheran Metropolitan Ministry will act as the lead agency for the TH-RRH project which offers supportive services, safe and stable crisis housing, and permanent housing for young adults 18-24, who are experiencing or at risk of homelessness. LMM will provide housing and property liaison services and partner with Family Promise of Greater Cleveland and FrontLine Service as subrecipients to provide specialized case management.</p> <p>This project will bridge the gap between short-term and long-term housing assistance, facilitate youth choice in meeting their housing needs, and provide resources that may not be immediately accessible to youth experiencing homelessness. YYA will receive personalized case management, including support with finding and maintaining housing, education and career resources, and independent living skills. The TH component will provide short- to medium-term rental assistance and supportive services for an average of six months in a scattered site setting. The RRH component will provide rental assistance and supportive services for an average of 12 months as well as aftercare once rental assistance ends to increase the likelihood of maintaining permanent housing. YYA will have the opportunity to transition in place, allowing them to remain in the same unit as they transition from TH to Rapid Re-Housing (RRH). This continuity of housing allows YYA to familiarize themselves with the property and owner, facilitating trust and ensuring a smooth transition to a potential 12-month lease agreement. By maintaining consistency in their living environment during this transition period, YYA can focus on their goals and stability without the disruption of relocating to a new residence.</p> <p>This project will serve a minimum of 75 households each year.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> |
|---|

| | | |
|--|--|--|
| For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? N/A | | |
| Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • Provide short-term transitional housing and/or longer-term rapid rehousing assistance to YYA experiencing homelessness or housing instability, including location of units, inspection of units, and ongoing financial assistance. • Provide personalized, YYA-driven case management and supportive services with a focus on developing community connections, empowering self-determination, and facilitating access to additional resources that meet YYA's identified needs. • Improve system coordination and continuity of care, and strengthen awareness of community resources | | |

| | |
|--|--|
| 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: Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, Ohio 44103 | Owner, executive director, other (specify): Maria Foschia, executive director |
| Vendor Council District: 7 | Project Council District: Countywide |
| If applicable provide the full address or list the municipality(ies) impacted by the project. | N/A |

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

| | |
|--|--|
| | OHS received approval (BC2023-241, approved 4/17/23) for Sisters of Charity Foundation to release an RFP on behalf of the Cuyahoga County Continuum of Care. The planholder list included CoC and social service providers throughout the county. LMM was the only provider that submitted a proposal. Proposals were reviewed and scored by the YHDP core team, which included OHS. |
| 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 the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. | |

| |
|--|
| FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. |
| 100% US Department of Housing and Urban Development Youth Homelessness Development Program Joint Transitional Housing – Rapid Rehousing grant |
| Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): |
| List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. |
| HS220105 - US Department of Housing and Urban Development Youth Homelessness Development Program |
| Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): |

| | |
|--|--|
| Provide status of project. | |
| Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission | |
| Reason: OHS had to work with HUD to ensure all components of the proposed project were in alignment with requirements, which took much longer than expected because this is a new project. This was not complete until March 2024, at which point we were able to move forward with program development with LMM. The grant also required an amendment, which was not approved by HUD until late September. | |
| Timeline | |
| Project/Procurement Start Date (date your team started working on this item): | 7/24/23 (RFP released) |
| Date documents were requested from vendor: | 1/16/24, 2/8/24, 2/22/24, 3/5/24, 3/25/24, 4/10/24, 4/22/24, 5/1/24, 5/13/24, 6/11/24, 7/10/24, 8/1/24, 8/22/24, 9/11/24, 9/24/24, 10/9/24 |
| Date of insurance approval from risk manager: | 10/10/24 |

| | |
|--|-----------------|
| Date Department of Law approved Contract: | 10/10/24 |
| Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: | |
| If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Provider has begun offering services per the specifications within the HUD grant but understands that payment is dependent on final council approval of contract | |
| Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | |

| HISTORY (see instructions): | | | | | | |
|---|---------------------------------------|--------------------------------|--------------------|----------------|----------------------------------|---------------------|
| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (if PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
| O | 4944 | Lutheran Metropolitan Ministry | 1/1/24 – 12/31/25 | \$3,108,549.00 | Pending | Pending |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in OnBase Document Management

| | |
|---|------|
| Infor/Lawson RQ# (if applicable): | N/A |
| Infor/Lawson PO # Code (if applicable): | EXMT |
| CM Contract# | 4944 |

| | | |
|--|---|-----------------------------|
| Late Submittal Required: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Why is the contract being submitted late? | OHS had to work with HUD to ensure all components of the proposed project aligned with requirements, which took much longer than expected because this is a new project. This was not complete until March 2024, at which point we were able to move forward with program development with LMM. The grant also required an amendment, which was not approved by HUD until late September. | |
| What is being done to prevent this from reoccurring? | OHS has established all program components in compliance with HUD so there should not be any additional time needed for this in future contracts/amendments. | |

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

| OTHER THAN FULL AND OPEN COMPETITION | | | | |
|--|------------------------|----------|----------------------------|-------------------|
| Exemptions (Contract) | | | | |
| Reviewed by Purchasing | | | | |
| LMM TH-RRH | | | Department Initials | Purchasing |
| Briefing Memo | | | ER | BRM |
| Justification Form | | | ER | BRM |
| IG# | 21-0372-REG 12/31/2025 | | ER | BRM |
| Annual Non-Competitive Bid Contract Statement <i>(Not required if item was competitively bid. Form is also not required if going to BOC or Council for approval)</i> | Date: | | N/A | N/A |
| Debarment/Suspension Verified | Date: | 10/10/24 | ER | BRM |
| Auditor’s Findings | Date: | 10/14/24 | ER | BRM |
| Vendor’s Submission | | | ER | BRM |
| Independent Contractor (I.C.) Form | Date: | 7/29/24 | ER | BRM |
| Cover - <i>Master contracts only</i> | | | ER | N/A |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | | | ER | N/A |
| TAC/CTO Approval or IT Standards <i>(if required attach and identify relevant page #s or meeting approval number)</i> | | | 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 |

Department of Purchasing – Required Documents Checklist

| | |
|---------------------------------|----|
| COI | ER |
| Workers' Compensation Insurance | ER |

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------|-----------------|----------------|---------------|--------------------------------|-----------------|
| 1/1/24 – 12/31/24 | HS220105 | 55130 | HS-21-YHDP | 55130 | \$ 3,108,549.00 |
| 1/1/25 – 12/31/25 | HS220105 | 55130 | HS-21-YHDP | 55130 | \$ 0.00 |
| | | | | | |
| | | | TOTAL | | \$3,108,549.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | N/A | | | |
| Lawson RQ# (if applicable) | | N/A | | | |
| CM Contract# | | N/A | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | | | | | |
| Prior Amendment Amounts (list separately) (A-1) | | | | | |
| A-2 | | \$ | | | |
| | | \$ | | | |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$ | | | |
| Total Contract Amount | | \$ | | | |

PURCHASING USE ONLY

| | |
|--------------------|--------------------------------|
| Prior Resolutions: | |
| CM#: | 4944 |
| Vendor Name: | Lutheran Metropolitan Ministry |
| Time Period: | 1/1/2024-12/31/2025 |
| Amount: | \$3,108,549.00 |
| History/CE: | Ok |
| EL: | ok |
| Purchasing Notes: | |

Department of Purchasing – Required Documents Checklist

| | |
|---|----------------|
| Purchasing Agents Initials and date of approval | BRM 10/17/2024 |
|---|----------------|

County Council of Cuyahoga County, Ohio

Resolution No. R2024-0431

| | |
|---|---|
| <p>Sponsored by: County Executive Ronayne/Department of Health and Human Services/Division of Community Initiative/Office of Reentry</p> <p>Co-sponsored by: Councilmember Turner</p> | <p>A Resolution making an award on RQ15000 with Oriana House, Inc. in the amount not-to-exceed \$1,737,594.00 for administration and operational services for the Neighborhood Reentry Resource Center for the period of 1/1/2025 – 12/31/2027; authorizing the County Executive to execute Contract No. 4970 and all other documents consistent with said award 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 Community Initiative/Office of Reentry recommends making an award on RQ15000 and entering into a contract with Oriana House, Inc. in the amount not-to-exceed \$1,737,594.00 for administration and operational services for the Neighborhood Reentry Resource Center for the period of 1/1/2025 – 12/31/2027; and

WHEREAS, the primary goal of this project is to provide a one-stop Re-entry Resource Center to residents returning from incarceration and those with criminal backgrounds to link those residents with services and resources to assist with their integration into the community and to reduce recidivism; and

WHEREAS, this project is funded 100% 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.

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 RQ15000 and authorizes entering into a contract with Oriana House, Inc. in the

amount not-to-exceed \$1,737,594.00 for administration and operational services for the Neighborhood Reentry Resource Center for the period of 1/1/2025 – 12/31/2027.

SECTION 2. That the County Executive is authorized to execute Contract No. 4970 and all other documents consistent with said award 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 12, 2024
Committee(s) Assigned: Health, Human Services & Aging

Additional Sponsorship Requested: November 12, 2024

Journal _____
_____, 20__

| COMPETITIVE PROCUREMENT | NON-COMPETITIVE PROCUREMENT |
|---|--|
| RQ# <u>_15000</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 10/4/2024 | Provide a short summary for not using competitive bid process. *See Justification for additional information. |
| The total value of the solicitation: \$600,000.00 | <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 (%): (0) DBE (20) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? | <input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). |
| Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Oriana House, Inc. was the only response out of 4 that proposed services at the main resource center, which they currently run. This award is for the main resource center, while the other 3 vendors proposed satellite sites, and none of them will receive an award. | <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process |
| How did pricing compare among bids received? Oriana House's proposal was considerably higher than the other ones, but they were proposing to run the main resource center site, which they currently run, while the others were for new satellite centers. | <input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe: |

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

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

100% HHS Levy

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
HS260355 – 55130 – UCH09999

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

Provide status of project.
Services are set to begin 01/01/2025 and is a continuation of their previous contract for resource center services (CM3054)

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

Timeline

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

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

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

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

HISTORY (see instructions):

| Prior Original (O) and subsequent Amendments (A-#) | Contract No. (If PO, list PO#) | Vendor Name | Time Period | Amount | Date BOC/Council Approved | Approval No. |
|--|--------------------------------|--------------------|-----------------------|----------------|---------------------------|--------------|
| O | 1983 | Oriana House, Inc. | 7/1/2021 – 12/31/2024 | \$2,100,000.00 | 12/30/2021 | R2021-0280 |
| A-1 | | | 12/31/2024 | \$475,000.00 | 12/19/2022 | BC2022-795 |
| A-2 | 3054 | | 12/31/2024 | \$100,000.00 | 12/12/2023 | BC2023-809 |
| A-3 | | | 12/31/2024 | \$200,000.00 | 5/6/2024 | BC2024-353 |

Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

| | |
|--|-------|
| Infor/Lawson RQ# (if applicable): | 15000 |
| Infor/Lawson PO# Code (if applicable): | RFP |
| Event # | 5807 |
| CM Contract# | 4970 |

| | | |
|--|------------------------------|--|
| 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 |
|---|---------------------|------------|
| Briefing Memo | AC | BRM |
| Notice of Intent to Award (sent to all responding vendors) | DLL | N/A |
| Bid Specification Packet (RFP Packet) | DLL | BRM |
| Final DEI Goal Setting Worksheet | DLL | BRM |
| Diversity Documents – <i>if required (goal set)</i> | N/A | N/A |
| Award Letter (sent to awarded vendor) | DLL | BRM |
| Vendor’s Confidential Financial Statement – <i>if RFP requested</i> | N/A | N/A |
| Bid Tabulation Sheet | DLL | BRM |
| Evaluation with Scoring Summary (<i>Names of evaluators to be included, must have minimum of three evaluators.</i>) | DLL | BRM |
| IG# 23-0405-REG 12/31/2027 | DLL | BRM |
| Debarment/Suspension Verified Date: 10.22.2024 | DLL | BRM |
| Auditor’s Findings Date: 10.22.2024 | DLL | BRM |
| Vendor’s Submission | DLL | BRM |
| Independent Contractor (I.C.) Form Date: 10.23.2024 | DLL | BRM |
| Cover - <i>Master contracts only</i> | N/A | N/A |
| Contract Evaluation – <i>if required provide most recent CM history on contract history table (see pg 2)</i> | N/A | N/A |
| TAC/CTO Approval or IT Standards (<i>if required attach and identify relevant page #s or meeting approval number</i>) | N/A | N/A |
| Checklist Verification | DLL | 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 | DLL |
| Matrix Law Screen shot | DLL |
| COI | DLL |
| Workers’ Compensation Insurance | DLL |
| Performance Bond, if required per RFP | N/A |

Department of Purchasing – Required Documents Checklist

CONTRACT SPENDING PLAN

| Time Period | Accounting Unit | Account Number | Activity Code | Account Category or Subaccount | Dollar Amount |
|-------------------------|-----------------|----------------|---------------|--------------------------------|----------------|
| 01/01/2025 – 12/31/2025 | HS260355 | 55130 | UCH09999 | 55130 | \$565,543.00 |
| 01/01/2026 – 12/31/2026 | HS260355 | 55130 | UCH09999 | 55130 | \$579,036.00 |
| 01/01/2027 – 12/31/2027 | HS260355 | 55130 | UCH09999 | 55130 | \$593,015.00 |
| | | | | | |
| | | | TOTAL | | \$1,737,594.00 |

CONTRACT HISTORY (see Contract Evaluation, if applicable/ to be completed by Department)

| CE/AG# (if applicable) | | N/A | | | |
|---|-----------------|----------------------------------|---------------------------------------|-------------------------------|----------------------------|
| Infor/Lawson PO# and PO Code (if applicable) | | RFP 212105 | | | |
| Lawson RQ# (if applicable) | | 5806 | | | |
| CM Contract# | | 3054 | | | |
| | Original Amount | Amendment Amount (if applicable) | Original Time Period/Amended End Date | BOC/ Resolution Approval Date | BOC/ Resolution Approval # |
| Original Amount | \$2,100,000.00 | | 7/1/2021 – 12/31/2024 | 12/30/2021 | R2021-0280 |
| Amendment 1 | | \$475,000.00 | 12/31/2024 | 12/19/2022 | BC2022-795 |
| Amendment 2 | | \$100,000.00 | 12/31/2024 | 12/12/2023 | BC2023-809 |
| Amendment 3 | | \$200,000.00 | 12/31/2024 | 5/6/2024 | BC2024-353 |
| Pending Amendment | | \$ | | | |
| Total Amendments | | \$775,000.00 | | | |
| Total Contract Amount | | \$2,875,000.00 | | | |

PURCHASING USE ONLY

| | |
|--|--|
| Prior Resolutions: | R2021-0280, BC2022-795, BC2023-809, BC2024-353 |
| CM#: | 4970 |
| Vendor Name: | Oriana House, Inc. |
| Time Period: | 1/1/2025-12/31/2027 |
| Amount: | \$1,737,594.00 |
| History/CE: | OK |
| EL: | OK |
| Purchasing Notes: | |
| Purchasing Agents Initials and date of approval | BRM 10/29/2024 |

Mark Lutz
10/28/2024



Department of Purchasing Tabulation Sheet

| | | |
|--|---|--------------------------|
| REQUISITION NUMBER: RQ15000/EVENT #5807 | TYPE: (RFB/RFP/RFQ): RFP | ESTIMATE: \$2,125,000.00 |
| CONTRACT PERIOD: | RFB/RFP/RFQ DUE DATE: OCTOBER 4, 2024 | SOLICITATIONS ISSUED: 52 |
| REQUESTING DEPARTMENT: HHS/OFFICE OF REENTRY CENTER | COMMODITY DESCRIPTION: NEIGHBORHOOD REENTRY RESOURCE CENTER | MANUAL RESPONSES: 3 |
| DIVERSITY GOAL/SBE: 20% | DIVERSITY GOAL/MBE: 0% | ELECTRONIC RESPONSES: 1 |
| Does CCBP Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No-N/A-The procurement method was RFP or RFQ, IW 10/24/2024 | CCBB: Low Non-CCBB Bid\$: n/a | TOTAL RESPONSES: 4 |
| Does CCBEIP Apply: <input type="checkbox"/> Yes <input type="checkbox"/> No-N/A-The procurement method was RFP or RFQ, IW 10/24/2024 | CCBEIP: Low Non-CCBEIP Bid\$: n/a | |
| *PRICE PREFERENCE LOWEST BID REC'D \$ | RANGE OF LOWEST BID REC'D \$ | |
| PRICE PREF % & \$ LIMIT: | MAX SBE/MBE/WBE PRICE PREF \$ | |

| Bidder's / Vendors Name and Address | Bid Bond / Check | Actual Bid Amount (enter "N/A" if RFP or RFQ) | Buyer Administrative Review: | Price Preference | CCBB / CCBEP Registered | Diversity Program Review: | Dept. Tech. Review | Award: (Y/N) |
|---|------------------|---|--|---|--|---|--------------------|--|
| 1. Good Life Family Services LLC 11919 Jesse Ave Cleveland OH 44104 | | | Buyer Initials: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: BRM | <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): 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 type="checkbox"/> No Total % SBE: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/24/2024 <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| 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) |
|-------------------------------------|------------------|---|---|------------------|--------------------------|---|--------------------|--------------|
| | | | | | | SBE/MBE/WBE Comments and Initials: Div 1 and div 3 1&2 completed. No Subcontractors Used. Requesting full waiver. Checked we are a nonprofit agency on div 3 form one and submitted 501(c) (3). L.Lyons 10/24/24 Verified 501© status via state of ohio business search. Prime is non-profit, JW 10/24/2024 LL 10/24/2024 | | |

| 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. (Orianna House Inc) North Star 885 East Buchtel Ave P O Box 1501 Akron Ohio 44309 | | | Compliant: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Registration Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IG Number: 23-0405 NCA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PH: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COOP: (Form Attached) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Agree to Participate?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OPD Buyer Initials: BRM | <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 | 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: 0 % MBE: 0 % WBE: 0 % SBE/MBE/WBE Comply: (Y/N) <input checked="" type="checkbox"/> Yes LL 10/24/2024 <input type="checkbox"/> No SBE/MBE/WBE Comments and Initials: Div 1 and div 3 1&2 completed. No Subcontractors Used. Requesting full waiver. Checked we are a nonprofit agency on div 3 form one and submitted 501(c) (3). L.Lyons 10/24/24 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| 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 / CBCEIP Registered | Diversity Program Review: SBE / MBE / WBE | Dept. Tech. Review | Award: (Y/N) |
|-------------------------------------|------------------|---|--|------------------|--------------------------|--|--------------------|--------------|
| | | | PH: <input checked="" type="checkbox"/> Yes COOP: (Form Attached) <input checked="" type="checkbox"/> No OPD Buyer Initials: BRM | | | <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 10/24/2024 <input type="checkbox"/> No</p> <p>SBE/MBE/WBE Comments and Initials: No DIV forms submitted. L.Lyons 10/24/24 Verified 501© status via state of Ohio business search. Prime is non-profit, JW 10/24/2024 LL 10/24/2024</p> | | |

