



**AGENDA**  
**CUYAHOGA COUNTY PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING**  
**TUESDAY, JUNE 13, 2023**  
**CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS**  
**C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR**  
**1:00 PM**

**Committee Members:**

**Michael J. Gallagher, Chair – District 5**  
**Yvonne M. Conwell, Vice Chair – District 7**  
**Patrick Kelly – District 1**  
**Sunny M. Simon – District 11**  
**Scott Tuma – District 4**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. PUBLIC COMMENT**
- 4. APPROVAL OF MINUTES FROM THE MAY 16, 2023 MEETING** [See page 5]
- 5. MATTERS REFERRED TO COMMITTEE**
  - a) R2023-0161: A Resolution authorizing an amendment to a Master Contract with various providers for traditional residential treatment services for the period 2/1/2021 – 1/31/2023, to extend the time period to 12/31/2023, to revise the per diem rates, effective 2/1/2023 and for additional funds in the amount not-to-exceed \$1,100,000.00; and declaring the necessity that this Resolution become immediately effective: [See page 7]
  - i) Contract No. 3348 (fka 1164) with Applewood Centers, Inc. in an anticipated amount not-to-exceed \$20,952.39.

- ii) Contract No. 3310 (fka 1165) with Bellefaire Jewish Children's Bureau in an anticipated amount not-to-exceed \$20,952.39.
  - iii) Contract No. 3311 (fka 1166) with The Cleveland Christian Home, Inc. in an anticipated amount not-to-exceed \$20,952.39.
  - iv) Contract No. 3312 (fka 1167) with Community Specialists Corporation dba The Academy in an anticipated amount not-to-exceed \$20,952.39
  - v) Contract No. 3313 (fka 1168) with The Cornell Abraxas Group, LLC in an anticipated amount not-to-exceed \$261,904.75
  - vi) Contract No. 3314 (fka 1169) with George Junior Republic in PA in an anticipated amount not-to-exceed \$104,761.90.
  - vii) Contract No. 3315 (fka 1170) with Keystone Richland Center, LLC dba Foundations for Living in an anticipated amount not-to-exceed \$157,142.85
  - viii) Contract No. 3316 (fka 1171) with Crossroads Health dba New Directions in an anticipated amount not-to-exceed \$20,952.39.
  - ix) Contract No. 3254 (fka 1172) with Summit School, Inc. dba Summit Academy in an anticipated amount not-to-exceed \$366,666.65.
  - x) Contract No. 3317 (fka 1173) with The Village Network in an anticipated amount not-to-exceed \$104,761.90
- b) R2023-0162: A Resolution authorizing a master revenue generating agreement with various County Coroner's Offices in the anticipated amount of \$6,444,000.00 for performance of autopsies and other scientific testing services by the Cuyahoga County Medical Examiner's Office for the period 1/1/2023 – 12/31/2028; authorizing the County Executive to execute the agreements and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective: [See page 56]

- i) Agreement No. 3236 Ashtabula County in the anticipated amount of \$420,000.00.
- ii) Agreement No. 3282 Carroll County in the anticipated amount of \$72,000.00.
- iii) Agreement No. 3303 Columbiana County in the anticipated amount of \$348,000.00.
- iv) Agreement No. 3295 Erie County PA in the anticipated amount of \$60,000.00.
- v) Agreement No. 3297 Geauga County in the anticipated amount of \$660,000.00.
- vi) Agreement No. 3398 Harrison County in the anticipated amount of \$120,000.00.
- vii) Agreement No. 3393 Jefferson County in the anticipated amount of \$144,000.00.
- viii) Agreement No. 3300 Lake County in the anticipated amount of \$720,000.00.
- ix) Agreement No. 3301 Mahoning County in the anticipated amount of \$1,920,000.00.
- x) Agreement No. 3346 Medina County in the anticipated amount of \$480,000.00.
- xi) Agreement No. 3305 Portage County in the anticipated amount of \$240,000.00.
- xii) Agreement No. 3306 Stark County in the anticipated amount of \$600,000.00.
- xiii) Agreement No. 3307 Tuscarawas County in the anticipated amount of \$540,000.00.
- xiv) Agreement No. 3371 Wayne County in the anticipated amount of \$120,000.00.

## 6. DISCUSSION

- a) Emergency medical transports from County jail

b) Food services contract for County jail

**7. MISCELLANEOUS BUSINESS**

**8. 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 5<sup>th</sup> 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 PUBLIC SAFETY & JUSTICE AFFAIRS COMMITTEE MEETING  
TUESDAY, MAY 16, 2023  
CUYAHOGA COUNTY ADMINISTRATIVE HEADQUARTERS  
C. ELLEN CONNALLY COUNCIL CHAMBERS – 4<sup>TH</sup> FLOOR  
1:00 PM

### 1. CALL TO ORDER

**Chairman Gallagher called the meeting to order at 1:09 p.m.**

### 2. ROLL CALL

**Mr. Gallagher asked Deputy Clerk Carter to call the roll. Committee members Gallagher and Kelly were in attendance and a quorum was not determined. A brief recess was taken after the roll call. The meeting was reconvened when Ms. Simon entered the meeting, and a quorum was then determined. Committee members Conwell and Tuma were absent from the meeting.**

**Mr. Kelly presented City of Rocky River Police Chief George Lichman with a proclamation in commemoration of National Police Week.**

### 3. PUBLIC COMMENT

**There were no public comments given.**

### 4. APPROVAL OF MINUTES FROM THE MAY 2, 2023 MEETING

**A motion was made by Ms. Simon, seconded by Mr. Kelly and approved by unanimous vote to approve the minutes from the May 2, 2023 meeting.**

### 5. MATTERS REFERRED TO COMMITTEE

- a) R2023-0124: A Resolution awarding a total sum, not to exceed \$12,851.65, to the City of Rocky River for the replacement of Automated External Defibrillators from the District 1 ARPA Community

Grant Fund; and declaring the necessity that this Resolution become immediately effective.

**Chief Lichman addressed the Committee regarding Resolution No. R2023-0124. Discussion ensued.**

**Committee members asked questions of Chief Lichman pertaining to the item, which he answered accordingly.**

**On a motion by Mr. Gallagher with a second by Ms. Simon, Resolution No. R2023-0124 was considered and approved by unanimous vote to be referred to the full Council agenda for second reading.**

**6. MISCELLANEOUS BUSINESS**

**There was no miscellaneous business.**

**7. ADJOURNMENT**

**With no further business to discuss, Chairman Gallagher adjourned the meeting at 1:22 p.m., without objection.**

# County Council of Cuyahoga County, Ohio

## Resolution No. R2023-0161

<b>Sponsored by: County Executive Ronayne on behalf of Cuyahoga County Court of Common Pleas/Juvenile Court Division</b>	<b>A Resolution</b> authorizing an amendment to a Master Contract with various providers for traditional residential treatment services for the period 2/1/2021 – 1/31/2023, to extend the time period to 12/31/2023, to revise the per diem rates, effective 2/1/2023 and for additional funds in the amount not-to-exceed \$1,100,000.00; authorizing the County Executive to execute the amendments and all other documents consistent with this Resolution and declaring the necessity that this Resolution become immediately effective.
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**WHEREAS**, the County Executive on behalf of Cuyahoga County Court of Common Pleas/ Juvenile Court Division recommends an amendment to a Master Contract with various providers for traditional residential treatment services for the period 2/1/2021 – 1/31/2023, to extend the time period to 12/31/2023, to revise the per diem rates, effective 2/1/2023 and for additional funds in the amount not-to-exceed \$1,100,000.00 as follows:

- a. Contract No. 3348 (fka 1164) with Applewood Centers, Inc. in an anticipated amount not-to-exceed \$20,952.39;
- b. Contract No. 3310 (fka 1165) with Bellefaire Jewish Children’s Bureau in an anticipated amount not-to-exceed \$20,952.39;
- c. Contract No. 3311 (fka 1166) with The Cleveland Christian Home, Inc. in an anticipated amount not-to-exceed \$20,952.39;
- d. Contract No. 3312 (fka 1167) with Community Specialists Corporation dba The Academy in an anticipated amount not-to-exceed \$20,952.39;
- e. Contract No. 3313 (fka 1168) with The Cornell Abraxas Group, LLC in an anticipated amount not-to-exceed \$261,904.75;
- f. Contract No. 3314 (fka 1169) with George Junior Republic in PA in an anticipated amount not-to-exceed \$104,761.90;
- g. Contract No. 3315 (fka 1170) with Keystone Richland Center, LLC dba Foundations for Living in an anticipated amount not-to-exceed \$157,142.85;

- h. Contract No. 3316 (fka 1171) with Crossroads Health dba New Directions, Inc. in an anticipated amount not-to-exceed \$20,952.39;
- i. Contract No. 3254 (fka 1172) with Summit School, Inc. dba Summit Academy in an anticipated amount not-to-exceed \$366,666.65;
- j. Contract No. 3317 (fka 1173) with The Village Network in an anticipated amount not-to-exceed \$104,761.90; and

**WHEREAS**, the primary goal of this project is to provide out of home placement options for youths who can no longer be managed in a community-based setting; and

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

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

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizes an amendment to a Master Contract with various providers for traditional residential treatment services for the period 2/1/2021 – 1/31/2023, to extend the time period to 12/31/2023, to revise the per diem rates, effective 2/1/2023 and for additional funds in the amount not-to-exceed \$1,100,000.00 as follows:

- a. Contract No. 3348 (fka 1164) with Applewood Centers, Inc. in an anticipated amount not-to-exceed \$20,952.39;
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- g. Contract No. 3315 (fka 1170) with Keystone Richland Center, LLC dba Foundations for Living in an anticipated amount not-to-exceed \$157,142.85;
- h. Contact No. 3316 (fka 1171) with Crossroads Health dba New Directions, Inc. in an anticipated amount not-to-exceed \$20,952.39;
- i. Contract No. 3254 (fka 1172) with Summit School, Inc. dba Summit Academy in an anticipated amount not-to-exceed \$366,666.65;
- j. Contract No. 3317 (fka 1173) with The Village Network in an anticipated amount not-to-exceed \$104,761.90.

**SECTION 2.** That the County Executive is authorized to execute the amendments 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: June 6, 2023  
Committee(s) Assigned: Public Safety & Justice Affairs

Journal \_\_\_\_\_

\_\_\_\_\_, 20\_\_

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title: **Juvenile Court FY2021 Master Contract for Traditional Residential Services with Various Vendors**

**A. Scope of Work Summary**

1. **Juvenile Court** requesting approval of a **contract with various vendors as listed below to approve the funds in the amount of \$1,000,000.00.** The effective start date is **February 1, 2021** and the end date is **January 31, 2023.**

- **Applewood Centers, Inc.**
- **Bellefaire Jewish Children’s Bureau**
- **The Cleveland Christian Home, Inc.**
- **Community Specialist Corporation Dba the Academy**
- **Cornell Abraxas Group, Inc.**
- **George Jr, Republic in Pennsylvania**
- **Keystone Richland Center, LLC dba Foundations for Living**
- **New Directions, Inc.**
- **Summit School, Inc. dba Summit Academy**
- **The Village Network**

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

**BC2018-861**

**BC2019-747**

**BC2020-42**

**Describe the exact services being provided. This contract seeks responses from providers interested in contracting with the Court in planning and implementing a comprehensive program to provide a range of services to the Juvenile Court’s delinquent population in residential facilities. Youth may have been ejected from other residential facilities and/or may be difficult to manage. For the purpose of this Contract, core residential services consist of seven (7) days a week for twenty-four (24) hours a day at the assigned site, including therapeutic treatment based on the criminogenic needs of the youth and the parameters of the program. Youth referred to this program will have demonstrated unsuccessful participation and/or completion in other community-based programs.**

The anticipated start-completion dates are **February 1, 2021 through January 31, 2023.**

2. The primary goals of the project are (list 2 to 3 goals).

- **Provide specific residential treatment options.**
- **75% of youth discharged from the program will have no new charges one (1) year post discharge.**

3. [*When applicable*] The project is mandated by (provide the ORC statute with section numbers, Cuyahoga County Charter, etc).

(When applicable, Municipality of project)

4. (When applicable) Technology Items - If the request is for the purchase of software or technical equipment:

a) Please state the date of TAC Approval

b) Are the purchases compatible with the new ERP system?

c) Is the item ERP approved

d) Are the services covered by the original ERP budget

#### **B. Procurement**

1. The procurement method for this project **is an RFP contract.**

2. The (RFP) was closed on **(October 8, 2020).** (*When applicable*) There is an SBE or DBE participation/goal (list the % of both).

3. [*Option 1*] There were **(#15 bids/proposals/applications)** pulled from OPD, **(#15 bids/proposals/ applications)** submitted for review, **(#10 bids/proposals/applications)** approved.

4. [*Option 2*] The proposed (contract, loan, agreement, etc.) is an OPD approved sole source item with materials attached.

5. [*Option 3*] The proposed (contract, loan, agreement, etc.) received an (RFB, RFP, RFQ, or other [specify]) exemption on (list date). The approval letter is attached for review.

**See attached comments.**

6. [*Option 4*] If an RFP Exemption is being requested please list the reason a competitive process was not utilized.

#### **C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

**Applewood Centers, Inc.**

**22001 Fairmount Blvd**

Shaker Heights, Ohio 44118

Bellefaire Jewish Children's Bureau  
22001 Fairmount Blvd  
Shaker Heights, Ohio 44118

The Cleveland Christian Home  
1400 W. 25<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Cleveland, Ohio 44109

Community Specialist Corporation DbA The Academy  
900 Agnew Road  
Pittsburg, PA. 15227

Cornell Abraxas Group, Inc  
2840 Liberty Avenue, Suite 300  
Pittsburg, PA. 15222

George Junior Republic in Pennsylvania  
P.O. Box 1058, 223 George Junior Road  
Grove City, PA 16127

Keystone Richland Center, LLC dba Foundations for Living  
P.O. Box 102550  
Atlanta, GA 30368

New Directions, Inc.  
30800 Chagrin Boulevard  
Cleveland, Ohio 44124

The Summit School DbA Summit Academy  
900 Agnew Road  
Pittsburg, PA. 15227

The Village Network  
2000 Noble Drive  
Wooster, Ohio 44691

2. The (owners, executive director, other[specify]) for the contractor/vendor is ( )

Applewood Centers, Inc. - Adam Jacobs, President

Bellefaire Jewish Children's Bureau – Adam Jacobs, President

The Cleveland Christian Home – Charles Tuttle, CEO

Community Specialist Corporation DbA The Academy- Frank Wentzel, Executive Director

Cornell Abraxas Group, Inc – Johnathon P Swatsburg, Divisional Vice President  
George Junior Republic in Pennsylvania – Nathan M. Gressel, CEO  
Keystone Richland Center, LLC dba Foundations for Living-Karen Spires, CEO  
New Directions, Inc.- Mike Matoney, CEO  
The Summit School Db a Summit Academy – John McCloud, Executive Director  
The Village Network – Richard Graziano, President/CEO

3.a *[When applicable]* The address or location of the project is: (provide the full address or list the municipality(ies) impacted by the project in the following format):  
**See above.**

3.b. *[When applicable]* The project is located in Council District (xx)

#### **D. Project Status and Planning**

1. The project **has occurred previously.**

2. *[When applicable]* The project has (#) phases. The next steps, dates, and anticipated cost of these are (list each critical step and the date of start and completion).

3. *[When applicable]* The project is on a critical action path because (present the reason for the delay in the request or mitigating circumstances requiring expedited action).

4. *[When applicable]* The project's term has already begun. State the timeline and reason for late submission of the item. **The contract negotiations with the Vendors took longer than anticipated.**

5. *[When applicable]* The contract or agreement needs a signature in ink by (enter date).

#### **E. Funding**

1. **This project is 50% funded by Levy Funds.**  
**This project is 50% funded by Title IV-E Funds.**

2. The schedule of payments is **monthly.**

3. *[When applicable]* The project is an amendment to a contract (xx).

#### **F. Items/Services Received and Invoiced but not Paid:**

Please reference the RFP procurement process and the Board of Control Approval Number for exemptions from aggregation on various requisitions to reimburse employers for employee wage and training expenses; to authorize payments to various providers for family centered services and support wraparound program services, or to make award recommendations to various providers for toxicology services.

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3348 copied from 1164

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	SA	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contract Amendments Reviewed by Purchasing					
				Department initials	Purchasing
Justification Form 5/3/2023				SA	OK AC
IG#	12-0518-REG 31DEC2023			SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	3/2//2023		SA	OK AC
Debarment/Suspension Verified	Date:	3/22/2023		SA	OK AC
Auditor’s Finding	Date:	3/2/2023		SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	3/2/2023		SA	OK AC
Cover - <i>Master amendments only</i>				SA	OK AC
Contract Evaluation				SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A AC
Checklist Verification				SA	OK AC

**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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/312/2023	JC280105	55210		\$ 20,952.39
			<b>TOTAL</b>	<b>\$ 20,952.39</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	copied from 1164

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	PENDING	PENDING
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	APPLEWOOD CENTERS
ftp:	01/31/23 – 12/31/23
Amount:	\$20,952.39
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer’s initials and date of approval	AC 05/08/23



## **Department of Purchasing – Required Documents Checklist**

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Upload as “word” document in Infor

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Applewood Centers, Inc.				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	Applewood Centers, Inc. had no terminations during the contract period of 2/1/2021 – 1/31/2023.				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	Because Applewood Centers, Inc. had no terminations or placements during the aforementioned contract period, a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3310 copied from 1165

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	SA	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

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 5/3/2023				SA	OK AC
IG#	12-0611-REG 31DEC2023			SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	5/2/2023		SA	OK AC
Debarment/Suspension Verified	Date:	5/4/2023		SA	OK AC
Auditor’s Finding	Date:	5/4/2023		SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	5/2/2023		SA	OK AC
Cover - <i>Master amendments only</i>				SA	OK AC
Contract Evaluation				SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A AC
Checklist Verification				SA	OK AC

Other documentation may be required depending upon your specific item

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

## Department of Purchasing – Required Documents Checklist

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### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 20,952.39
			<b>TOTAL</b>	<b>\$ 20,952.39</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3310 copied from 1165

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	PENDING	PENDING
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	BELLEFAIRE JCB
flp:	01/31/23 – 12/31/23
Amount:	\$20,952.39
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer’s initials and date of approval	AC 5/10/23

## **Department of Purchasing – Required Documents Checklist**

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Bellefaire Jewish Children's Bureau				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#: RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	<ol style="list-style-type: none"> <li>1) 100% of youth successfully discharged from the program remained in the community one (1) year post-discharge.</li> <li>2) Bellefaire Jewish Children's Bureau had no youth discharged from the program that had no new charges one (1) year post discharge.</li> </ol>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	Bellefaire Jewsh Children's Bureau did hit the first of their performance indicators by 100%. The VENDOR missed the second performance indicator by 100%. Considering the small sample size (1), a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3311 copied from 1166

Briefing Memo	Department SA	Clerk of the Board
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Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form 5/3/2023			SA	OK AC
IG#	20-0106-REG 31DEC2024		SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	3/7/2023	SA	OK AC
Debarment/Suspension Verified	Date:	3/23/2023	SA	OK AC
Auditor’s Finding	Date:	3/24/2023	SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	3/7/2023	SA	OK AC
Cover - <i>Master amendments only</i>			SA	OK AC
Contract Evaluation			SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A AC
Checklist Verification			SA	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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

## Department of Purchasing – Required Documents Checklist

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### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$20,952.39
			<b>TOTAL</b>	<b>\$20,952.39</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3311 copied from 1166

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	PENDING	PENDING
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	THE CLEVELAND CHRISTIAN HOME
ftp:	01/31/23 – 12/31/23
Amount:	\$20,952.39
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	AC 5/9/23

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Revised 1/7/2022



## **Department of Purchasing – Required Documents Checklist**

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	The Cleveland Christian Home, Inc.				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	The Cleveland Christian Home, Inc. had no terminations during the contract period of 2/1/2021 – 1/31/2023.				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	Because Cleveland Christian Home had no terminations or placements during the aforementioned contract period, a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
BuySpeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3312 copied from 1167

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	SA	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form 5/3/2023			SA	OK AC
IG#	22-0034-REG 31DEC2026		SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	3/16/2023	SA	OK AC
Debarment/Suspension Verified	Date:	3/15/2023	SA	OK AC
Auditor's Finding	Date:	3/15/2023	SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	3/7/2023	SA	OK AC
Cover - <i>Master amendments only</i>			SA	OK AC
Contract Evaluation			SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A AC
Checklist Verification			SA	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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers' Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

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## Department of Purchasing – Required Documents Checklist

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### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 20,952.39
			<b>TOTAL</b>	<b>\$ 20,952.39</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3312 copied from 1167

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	<b>PENDING</b>	<b>PENDING</b>
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	COMMUNITY SPECIALIST CORP
ftp:	01/31/23 - 12/31/23
Amount:	\$20,952.39
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	AC 05/08/23

## **Department of Purchasing – Required Documents Checklist**

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## CONTRACT EVALUATION FORM

<b>Contractor</b>	Community Specialist dba The Academy
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>	CE1800499-01 CONV
<b>RQ#</b>	42713
<b>Time Period of Original Contract</b>	February 1, 2019 through January 31, 2021
<b>Background Statement</b>	N/A
<b>Service Description</b>	This vendor provides Traditional Residential Services for youth referred from the Juvenile Court.
<b>Performance Indicators</b>	<p><b>. I. OBJECTIVES - The VENDOR shall ensure that the following Objectives and Performance Indicators are met.</b></p> <p style="text-align: center;"><b>Process Indicators</b></p> <ol style="list-style-type: none"> <li>1. 100% of youth will have a minimum of ten (10) hours of group treatment and two (2) hours of individual treatment per week.</li> <li>2. 100% of youth will be assessed and will have an Individualized Service Plan developed for them within thirty (30) days of admission to the program.</li> <li>3. 90% of families will be engaged in family treatment at a minimum of two (2) sessions per month.</li> <li>4. 100% of youth will complete pre &amp; post-tests that measures specific indicators of behavioral health or criminogenic thinking patterns.</li> <li>5. 70% of youth will be recommended for discharge from treatment within the targeted timeframe of 120 days or less.</li> </ol> <p style="text-align: center;"><b>Functional Outcomes</b></p> <ol style="list-style-type: none"> <li>1. 85% of youth admitted to the program will successfully complete the program by significantly meeting their identified goals at the time of discharge.</li> <li>2. 90% of youth completing the program will have a reduction in behavioral health symptoms or criminal thinking patterns as indicated via post-tests performed by the VENDORS at discharge.</li> <li>3. 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> </ol>

4. 75% of youth discharged from the program will have no new charges one (1) year post discharge.
5. 80% of youth will be successfully engaged in an educational, vocational, or employment setting six (6) months post-discharge.

**Process Indicators**

1. Number of YOUTH who receive ten (10) hours of group treatment and two (2) hours of individual treatment per week divided by the number of YOUTH who are admitted to the program.
2. Number of YOUTH who are assessed and who have an Individualized Service Plan developed within 30 days of program admission divided by number of YOUTH who are admitted to the program.
3. Number of YOUTH who receive two (2) documented family treatment sessions per month divided by the number of YOUTH who are admitted to the program.
4. Number of youth will complete both the pre & post-tests divided by the total number of youth who have been successfully discharged.
5. Number of YOUTH who recommended for discharge within the targeted timeframe of 120 days or less divided by the number of YOUTH who have been successfully discharged.

**Functional Indicators**

1. Number of youth who significantly meet their identified ISP goals at the time of discharge divided by number of youth who are discharged from the program.
2. Number of youth who demonstrate an improvement on the outcome measure divided by the total number of youth who have been successfully discharged.
3. Number of successfully discharged youth who maintain in a community setting for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.
4. Number of successfully discharged youth who do not incur new criminal charges for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.
5. Number of successfully discharged youth who are engaged in an educational, vocational, or employment setting six (6) months after discharge divided by the number of youth who have been successfully discharged from the program.

<b>Actual Performance versus performance indicators (include statistics):</b>	There were no youth referred to this vendor during previous contract term.				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>					
<b>Justification of Rating</b>	The vendor has been able to meet the contract requirements for this project.				
<b>Department Contact</b>	Sarah A. Baker				
<b>User Department</b>	Cuyahoga County Court of Common Pleas, Juvenile Court Division				
<b>Date</b>	March 26, 2021				



## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
BuySpeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3313 copied from 1168

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	pending	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contract Amendments Reviewed by Purchasing					
				Department initials	Purchasing
Justification Form				pending	OK AC
IG#	12-0045-REG 31DEC2023			SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	3/1/2023		SA	OK AC
Debarment/Suspension Verified	Date:	3/24/2023		SA	OK AC
Auditor’s Finding	Date:	3/3/2023		SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	3/1/2023		SA	OK AC
Cover - <i>Master amendments only</i>				SA	OK AC
Contract Evaluation				SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A AC
Checklist Verification				SA	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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	N/A

## Department of Purchasing – Required Documents Checklist

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### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 261,904.75
			<b>TOTAL</b>	<b>\$ 261,904.75</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3313 copied from 1168

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	<b>PENDING</b>	<b>PENDING</b>
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	CORNELL
fp:	01/31/23
Amount:	\$261,904.75
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer's initials and date of approval	AC 5/11/23

## **Department of Purchasing – Required Documents Checklist**

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Cornell Abraxas
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>	CE1800499-01 CONV
<b>RQ#</b>	42713
<b>Time Period of Original Contract</b>	February 1, 2019 through January 31, 2021
<b>Background Statement</b>	N/A
<b>Service Description</b>	This vendor provides Traditional Residential Services for youth referred from the Juvenile Court.
<b>Performance Indicators</b>	<p><b>. I. OBJECTIVES - The VENDOR shall ensure that the following Objectives and Performance Indicators are met.</b></p> <p style="text-align: center;"><b>Process Indicators</b></p> <ol style="list-style-type: none"> <li>1. 100% of youth will have a minimum of ten (10) hours of group treatment and two (2) hours of individual treatment per week.</li> <li>2. 100% of youth will be assessed and will have an Individualized Service Plan developed for them within thirty (30) days of admission to the program.</li> <li>3. 90% of families will be engaged in family treatment at a minimum of two (2) sessions per month.</li> <li>4. 100% of youth will complete pre &amp; post-tests that measures specific indicators of behavioral health or criminogenic thinking patterns.</li> <li>5. 70% of youth will be recommended for discharge from treatment within the targeted timeframe of 120 days or less.</li> </ol> <p style="text-align: center;"><b>Functional Outcomes</b></p> <ol style="list-style-type: none"> <li>1. 85% of youth admitted to the program will successfully complete the program by significantly meeting their identified goals at the time of discharge.</li> <li>2. 90% of youth completing the program will have a reduction in behavioral health symptoms or criminal thinking patterns as indicated via post-tests performed by the VENDORS at discharge.</li> <li>3. 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> </ol>

4. 75% of youth discharged from the program will have no new charges one (1) year post discharge.
5. 80% of youth will be successfully engaged in an educational, vocational, or employment setting six (6) months post-discharge.

**Process Indicators**

1. Number of YOUTH who receive ten (10) hours of group treatment and two (2) hours of individual treatment per week divided by the number of YOUTH who are admitted to the program.
2. Number of YOUTH who are assessed and who have an Individualized Service Plan developed within 30 days of program admission divided by number of YOUTH who are admitted to the program.
3. Number of YOUTH who receive two (2) documented family treatment sessions per month divided by the number of YOUTH who are admitted to the program.
4. Number of youth will complete both the pre & post-tests divided by the total number of youth who have been successfully discharged.
5. Number of YOUTH who recommended for discharge within the targeted timeframe of 120 days or less divided by the number of YOUTH who have been successfully discharged.

**Functional Indicators**

1. Number of youth who significantly meet their identified ISP goals at the time of discharge divided by number of youth who are discharged from the program.
2. Number of youth who demonstrate an improvement on the outcome measure divided by the total number of youth who have been successfully discharged.
3. Number of successfully discharged youth who maintain in a community setting for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.
4. Number of successfully discharged youth who do not incur new criminal charges for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.
5. Number of successfully discharged youth who are engaged in an educational, vocational, or employment setting six (6) months after discharge divided by the number of youth who have been successfully discharged from the program.

<b>Actual Performance versus performance indicators (include statistics):</b>	This vendor has received 12 admissions in 2019-2020, had 8 discharges in 2019-2020; and 8 successful terminations.				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	The vendor has been able to meet the contract requirements for this project.				
<b>Department Contact</b>	Sarah A. Baker				
<b>User Department</b>	Cuyahoga County Court of Common Pleas, Juvenile Court Division				
<b>Date</b>	March 26 2021				

## Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
Infor/Lawson PO# Code (if applicable):	
CM Contract#	1164

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the modification being submitted late?	Oversight and not understanding process	
What is being done to prevent this from reoccurring?	Will refer to updated DoP instructions	

Contract Cover Modification		
	Department initials	Purchasing
Executed contract cover(s) affected by the modification	LB	OK AC
Fiscal encumbrance cover(s) affected by the modification (if master contract)	LB	OK AC
Modified Contract Cover	LB	OK AC
Modified fiscal encumbrance cover (if master contract)	LB	OK AC
Signed DRA – Decertification / Recertification / Additional Certification form	LB	OK AC
Checklist Verification	LB	OK AC

Other documentation may be required depending upon your specific item

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

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2022 – 12/31/2022	JC280105	55210		\$.01
01/01/2023 – 01/31/2023	JC280105	55210		\$20,279.99
			<b>TOTAL</b>	<b>\$20,280.00</b>

Purchasing Buyer approval: AC 3/22/23

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Keystone Richland Center, LLC dba Foundations for Living				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	<ol style="list-style-type: none"> <li>1) 100% of youth successfully discharged from the program remained in the community one (1) year post discharge.</li> <li>2) 100% of youth discharged from the program had no new charges one (1) year post discharge.</li> </ol>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	Foundations for Living hit both of their performance indicators with 100% success. Considering the small sample size of one (1), a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				



## Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	2667
Infor/Lawson PO# Code (if applicable):	
CM Contract#	1164

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the modification being submitted late?	Oversight and not understanding process	
What is being done to prevent this from reoccurring?	Will refer to updated DoP instructions	

Contract Cover Modification		
	Department initials	Purchasing
Executed contract cover(s) affected by the modification	LB	OK AC
Fiscal encumbrance cover(s) affected by the modification (if master contract)	LB	OK AC
Modified Contract Cover	LB	OK AC
Modified fiscal encumbrance cover (if master contract)	LB	OK AC
Signed DRA – Decertification / Recertification / Additional Certification form	LB	OK AC
Checklist Verification	LB	OK AC

Other documentation may be required depending upon your specific item

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

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2022 – 12/31/2022	JC280105	55210		\$.01
01/01/2023 – 01/31/2023	JC280105	55210		\$20,279.99
			<b>TOTAL</b>	<b>\$20,280.00</b>

Purchasing Buyer approval: AC 3/22/23

## CONTRACT EVALUATION FORM

<b>Contractor</b>	George Junior Republic in Pennsylvania				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	<ol style="list-style-type: none"> <li>1) George Jr. Republic did not have any youth successfully discharged from the program that remained in the community for one (1) year post discharge.</li> <li>2) George Jr. Republic did not have any youth discharged from the program complete one (1) year post discharge without new charges.</li> </ol>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	George Junior Republic did not hit both of their performance indicators. The VENDOR missed both indicators by 100%. Considering the small sample size of one (1), a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3316 copied from 1171

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	SA	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contract Amendments Reviewed by Purchasing					
				Department initials	Purchasing
Justification Form 5/3/23				SA	OK AC
IG#	12-2017-REG 31DEC2023			SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	2/17/2023		SA	OK AC
Debarment/Suspension Verified	Date:	3/15/2023		SA	OK AC
Auditor’s Finding	Date:	2/21/2023		SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	2/15/2023		SA	OK AC
Cover - <i>Master amendments only</i>				SA	OK AC
Contract Evaluation				SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.				N/A	N/A AC
Checklist Verification				SA	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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 20,952.39
			<b>TOTAL</b>	<b>\$ 20,952.39</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3316 copied from 1171

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	<b>PENDING</b>	<b>PENDING</b>
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	R2021-0167, R2022-0060
Amend:	3
Vendor Name:	NEW DIRECTIONS INC
ftp:	01/31/23 – 12/31/23
Amount:	\$20,952.39
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer’s initials and date of approval	AC 05/11/23

## **Department of Purchasing – Required Documents Checklist**

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Upload as “word” document in Infor

3 | Page

Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	New Directions, Inc.				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	<ol style="list-style-type: none"> <li>1) 100% of youth successfully discharged from the program remained in the community one (1) year post-discharge.</li> <li>2) 100% of youth discharged from the program had no new charges one (1) year post discharge.</li> </ol>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	New Directions Inc. met both performance indicators fully with 100% success rate. Considering the small sample size of one (1), a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3254 copied from 1172

Briefing Memo	Department SA	Clerk of the Board
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Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form 5/3/2023			SA	OK AC
IG#	12-2631-REG 31DEC2023		SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	3/15/2023	SA	OK AC
Debarment/Suspension Verified	Date:	3/15/2023	SA	OK AC
Auditor’s Finding	Date:	3/15/2023	SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	3/7/2023	SA	OK AC
Cover - <i>Master amendments only</i>			SA	OK AC
Contract Evaluation			SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A AC
Checklist Verification			SA	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	SA
Matrix Law Screen shot	SA- Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 366,666.65
			<b>TOTAL</b>	<b>\$ 366,666.65</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3254_copied from 1172

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	PENDING	PENDING
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

<b>Prior Resolutions:</b>	R2021-0167; R2022-0060
<b>Amend:</b>	3
<b>Vendor Name:</b>	SUMMIT SCHOOL/SUMMIT ACADEMY
<b>ftp:</b>	01/31/23 – 12/31/23
<b>Amount:</b>	\$366,666.65
<b>History/CE:</b>	OK
<b>EL:</b>	OK
<b>Procurement Notes:</b>	
<b>Purchasing Buyer’s initials and date of approval</b>	AC 5/8/23



## **Department of Purchasing – Required Documents Checklist**

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	Summit School, Inc.
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>	1172
<b>RQ#</b>	2667
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023
<b>Background Statement</b>	N/A
<b>Service Description</b>	Traditional Residential Services
<b>Performance Indicators</b>	<p><b>I.OBJECTIVES - The VENDOR shall ensure that the following Objectives and Performance Indicators are met.</b></p> <p style="text-align: center;"><b>Process Indicators</b></p> <ol style="list-style-type: none"> <li>1. Number of YOUTH who receive ten (10) hours of group treatment and two (2) hours of individual treatment per week divided by the number of YOUTH who are admitted to the program.</li> <li>2. Number of YOUTH who are assessed and who have an Individualized Service Plan developed within 30 days of program admission divided by number of YOUTH who are admitted to the program.</li> <li>3. Number of YOUTH who receive two (2) documented family treatment sessions per month divided by the number of YOUTH who are admitted to the program.</li> <li>4. Number of youth will complete both the pre &amp; post-tests divided by the total number of youth who have been successfully discharged.</li> <li>5. Number of YOUTH who recommended for discharge within the targeted timeframe of 120 days or less divided by the number of YOUTH who have been successfully discharged.</li> </ol> <p style="text-align: center;"><b>Functional Indicators</b></p> <ol style="list-style-type: none"> <li>1. Number of youth who significantly meet their identified ISP goals at the time of discharge divided by number of youth who are discharged from the program.</li> <li>2. Number of youth who demonstrate an improvement on the outcome measure divided by the total number of youth who have been successfully discharged.</li> <li>3. Number of successfully discharged youth who maintain in a community setting for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.</li> <li>4. Number of successfully discharged youth who do not incur new criminal charges for 12 months after discharge divided by the number of youth who have been successfully discharged from the program.</li> <li>5. Number of successfully discharged youth who are engaged in an educational, vocational, or employment setting six (6) months after discharge divided by the number of youth who have been successfully discharged from the program.</li> </ol>
<b>Actual Performance versus performance indicators (include statistics):</b>	<p style="text-align: center;"><b>Process Indicators</b></p> <ol style="list-style-type: none"> <li>1. 100% of youth will have a minimum of ten (10) hours of group treatment and two (2) hours of individual treatment per week.</li> <li>2. 100% of youth will be assessed and will have an Individualized Service Plan developed for them within thirty (30) days of admission to</li> </ol>

	<p>the program.</p> <p>3. 90% of families will be engaged in family treatment at a minimum of two (2) sessions per month.</p> <p>4. 100% of youth will complete pre &amp; post-tests that measures specific indicators of behavioral health or criminogenic thinking patterns.</p> <p>5. 70% of youth will be recommended for discharge from treatment within the targeted timeframe of 120 days or less.</p> <p style="text-align: center;"><b>Functional Outcomes</b></p> <p>1. 85% of youth admitted to the program will successfully complete the program by significantly meeting their identified goals at the time of discharge.</p> <p>2. 90% of youth completing the program will have a reduction in behavioral health symptoms or criminal thinking patterns as indicated via post-tests performed by the VENDORS at discharge.</p> <p>3. 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</p> <p>4. 75% of youth discharged from the program will have no new charges one (1) year post discharge.</p> <p>5. 80% of youth will be successfully engaged in an educational, vocational, or employment setting six (6) months post-discharge.</p>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>		X			
<b>Justification of Rating</b>	The residential program has received five referrals this contract year. There are currently four youth actively engaged and one youth unsuccessfully terminated.				
<b>Department Contact</b>	Tomika L. Ballard				
<b>User Department</b>	Cuyahoga County Court of Common Pleas, Juvenile Court Division				
<b>Date</b>	8/23/2021				

## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	2667
Buyspeed RQ# (if applicable):	
Infor/Lawson PO# Code (if applicable):	
CM Contract#	3317 copied from 1173

	<b>Department</b>	<b>Clerk of the Board</b>
Briefing Memo	SA	

Late Submittal Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why is the amendment being submitted late?	See Briefing Memo	
What is being done to prevent this from reoccurring?	Continue to refine contract processes that can be modified.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Contract Amendments Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form	5/3/2023		SA	OK AC
IG#	12-2765-REG 31DEC2023		SA	OK AC
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	2/8/2023	SA	OK AC
Debarment/Suspension Verified	Date:	2/21/2023	SA	OK AC
Auditor’s Finding	Date:	2/21/2023	SA	OK AC
Independent Contractor (I.C.) Requirement	Date:	2/8/2023	SA	OK AC
Cover - <i>Master amendments only</i>			SA	OK AC
Contract Evaluation			SA	OK AC
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A AC
Checklist Verification			SA	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	SA
Matrix Law Screen shot	Legal Approval
COI	SA
Workers’ Compensation Insurance	SA
Original Executed Contract (containing insurance terms) & all executed amendments	SA

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
1/31/2023- 12/31/2023	JC280105	55210	JC-SRR-4E-MAINT	\$ 104,761.90
			<b>TOTAL</b>	<b>\$ 104,761.90</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	2667
<b>CM Contract#</b>	3317_ copied from 1173

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,000,000.00		1/31/2023	7/20/2021	R2021-0167
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$ 1,250,000.00	1/31/2023	4/12/2022	R2022-0060
		\$			
<b>Pending Amendment</b>		\$ 1,000,000.00	12/31/2023	PENDING	PENDING
<b>Total Amendments</b>		\$ 2,250,000.00			
<b>Total Contact Amount</b>		\$ 3,350,000.00			

### Purchasing Use Only:

Prior Resolutions:	N/A AC
Amend:	3
Vendor Name:	THE VILLAGE NETWORK
ftp:	01/31/23 – 12/31/23
Amount:	\$104,761.90
History/CE:	OK
EL:	OK
Procurement Notes:	
Purchasing Buyer’s initials and date of approval	AC 5/8/23

## **Department of Purchasing – Required Documents Checklist**

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Upload as “word” document in Infor

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Revised 1/7/2022

## CONTRACT EVALUATION FORM

<b>Contractor</b>	The Village Network				
<b>Current Contract History: CE/AG# (if applicable) Infor/Lawson PO#:</b>					
<b>RQ#</b>					
<b>Time Period of Original Contract</b>	2/1/2021 – 1/31/2023				
<b>Background Statement</b>					
<b>Service Description</b>	<p>The VENDOR shall provide the following services:</p> <ol style="list-style-type: none"> <li>1) Referral and intake including a clinical assessment and case plan.</li> <li>2) An Individualized Service Plan establishing goals and objectives of treatment.</li> <li>3) Core residential services seven (7) days a week for (twenty-four) 24 hours a day at the assigned site.</li> <li>4) Treatment services including individual counseling and case management.</li> </ol>				
<b>Performance Indicators</b>	<ol style="list-style-type: none"> <li>1) 85% of youth successfully discharged from the program will remain in the community one (1) year post-discharge.</li> <li>2) 75% of youth discharged from the program will have no new charges one (1) year post discharge</li> </ol>				
<b>Actual Performance versus performance indicators (include statistics):</b>	<ol style="list-style-type: none"> <li>1) 100% of youth successfully discharged from the program remained in the community one (1) year post-discharge.</li> <li>2) 100% of youth discharged from the program had no new charges one (1) year post discharge.</li> </ol>				
<b>Rating of Overall Performance of Contractor</b>	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>
<b>Select One (X)</b>			X		
<b>Justification of Rating</b>	The Village Network met both performance indicators fully with 100% success rate. Considering the small sample size of one (2), a score of average has been assessed.				
<b>Department Contact</b>	Rebecca Yanak (Program Fiscal Monitor)				
<b>User Department</b>	Programming, Training, and Quality Assurance (Court of Common Pleas Juvenile Court Division)				
<b>Date</b>	2/16/2023				

# County Council of Cuyahoga County, Ohio

## Resolution No. R2023-0162

<b>Sponsored by: County Executive Ronayne/Office of the Medical Examiner</b>	<b>A Resolution</b> authorizing a master revenue generating agreement with various County Coroner's Offices in the anticipated amount of \$6,444,000.00 for performance of autopsies and other scientific testing services by the Cuyahoga County Medical Examiner's Office for the period 1/1/2023 – 12/31/2028; authorizing the County Executive to execute the agreements and all other documents consistent with this Resolution; and declaring the necessity that this Resolution become immediately effective.
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**WHEREAS**, the County Executive/Office of the Medical Examiner recommends entering into a master revenue generating agreement with various County Coroner's Offices in the anticipated amount of \$6,444,000.00 for performance of autopsies and other scientific testing services by the Cuyahoga County Medical Examiner's Office for the period 1/1/2023 – 12/31/2028:

- a) Agreement No. 3236 Ashtabula County in the anticipated amount of \$420,000.00;
- b) Agreement No. 3282 Carroll County in the anticipated amount of \$72,000.00;
- c) Agreement No. 3303 Columbiana County in the anticipated amount of \$348,000.00;
- d) Agreement No. 3295 Erie County, PA in the anticipated amount of \$60,000.00;
- e) Agreement No. 3297 Geauga County in the anticipated amount of \$660,000.00;
- f) Agreement No. 3398 Harrison County in the anticipated amount of \$120,000.00;
- g) Agreement No. 3393 Jefferson County in the anticipated amount of \$144,000.00;
- h) Agreement No. 3300 Lake County in the anticipated amount of \$720,000.00;



- i) Agreement No. 3301 Mahoning County in the anticipated amount of \$1,920,000.00;
- j) Agreement No. 3346 Medina County in the anticipated amount of \$480,000.00;
- k) Agreement No. 3305 Portage County in the anticipated amount of \$240,000.00;
- l) Agreement No. 3306 Stark County in the anticipated amount of \$600,000.00;
- m) Agreement No. 3307 Tuscarawas County in the anticipated amount of \$540,000.00;
- n) Agreement No. 3371 Wayne County in the anticipated amount of \$120,000.00; and

**WHEREAS**, the primary goal of this project to perform autopsies and other scientific testing for various counties; and

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

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

**SECTION 1.** That the Cuyahoga County Council hereby authorizing a master revenue generating agreement with various County Coroner’s Offices in the anticipated amount of \$6,444,000.00 for performance of autopsies and other scientific testing services by the Cuyahoga County Medical Examiner’s Office for the period 1/1/2023 – 12/31/2028:

- a) Agreement No. 3236 Ashtabula County in the anticipated amount of \$420,000.00;
- b) Agreement No. 3282 Carroll County in the anticipated amount of \$72,000.00;
- c) Agreement No. 3303 Columbiana County in the anticipated amount of \$348,000.00;
- d) Agreement No. 3295 Erie County, PA in the anticipated amount of \$60,000.00;
- e) Agreement No. 3297 Geauga County in the anticipated amount of \$660,000.00;

- f) Agreement No. 3398 Harrison County in the anticipated amount of \$120,000.00;
- g) Agreement No. 3393 Jefferson County in the anticipated amount of \$144,000.00;
- h) Agreement No. 3300 Lake County in the anticipated amount of \$720,000.00;
- i) Agreement No. 3301 Mahoning County in the anticipated amount of \$1,920,000.00;
- j) Agreement No. 3346 Medina County in the anticipated amount of \$480,000.00;
- k) Agreement No. 3305 Portage County in the anticipated amount of \$240,000.00;
- l) Agreement No. 3306 Stark County in the anticipated amount of \$600,000.00;
- m) Agreement No. 3307 Tuscarawas County in the anticipated amount of \$540,000.00;
- n) Agreement No. 3371 Wayne County in the anticipated amount of \$120,000.00; and

**SECTION 2.** That the County Executive is authorized to execute the agreements 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 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.



**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Ashtabula County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Ashtabula County Coroner Office for the anticipated profit not-to-exceed \$420,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 210 cases maximum can be performed not-to-exceed \$420,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$420,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Ashtabula County –  
25 West Jefferson Street  
Jefferson, OH 44047

2. Pamela Lancaster Coroner for Ashtabula County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Ashtabula County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3236

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing</b>			
		<b>Department initials</b>	<b>Purchasing</b>
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/11/2023
Debarment/Suspension Verified	Date:	05/09/2023	OK KT 05/09/2023
Auditor’s Finding	Date:	05/09/2023 03/16/2023	OK KT 03/16/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/11/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/11/2023

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>
<b>Department initials</b>

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	70,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	70,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	70,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	70,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	70,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	70,000.00
			<b>TOTAL</b>	420,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	3236

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	420,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3236
Vendor Name:	Ashtabula County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$420,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**



**OnBase Item Detail Briefing Memo - Form**

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Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Carroll County Coroner Office; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Carroll County Coroner’s Office for the anticipated profit not-to-exceed \$72,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 36 cases maximum can be performed not-to-exceed \$72,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$72,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Carroll County  
119 S. Lisbon St ste 203  
Carrollton, Ohio 44615

2. Tiffany Crable Deputy Auditor

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to Carroll County Coroner’s Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3282

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		N/A
Debarment/Suspension Verified	Date:	04/6/2023	OK KT 04/06/2023
Auditor's Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law	
Agreement/Contract and Exhibits	Department initials JAB

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	12,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	12,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	12,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	12,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	12,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	12,000.00
			<b>TOTAL</b>	72,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$72,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3282
Vendor Name:	Carroll County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$72,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

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Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Columbiana County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Columbiana County Coroner Office for the anticipated profit not-to-exceed \$348,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 174 cases maximum can be performed not-to-exceed \$348,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$348,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Columbiana County  
105 South Market Street  
Lisbon Ohio 44432

2. Brandi Phillips Chief Forensic Investigator

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Columbiana County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022  
Date of insurance approval from risk manager: 03/16/2023  
Date documents were requested from vendor: 09/01/2022  
Date item was entered and released in Infor: 05/12/2023  
Date using department approved item in Infor: n/a  
Date Law Department approved item in Infor: n/a  
Date approved by DoP in Infor: n/a  
Length of processing time in Infor in calendar days: n/a  
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3303

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/17/2023
Debarment/Suspension Verified	Date:	04/12/2023	OK KT 04/12/2023
Auditor's Finding	Date:	04/12/2023	OK KT 04/12/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/17/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/17/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law
<b>Department initials</b>



## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	58,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	58,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	58,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	58,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	58,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	58,000.00
			<b>TOTAL</b>	348,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	420,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3303
Vendor Name:	Columbiana County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$348,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	Master contracts: 3236, 3282, 3303, 3295, 3297, 3398, 3393, 3300, 3301, 3346, 3305, 3306, 3395, 3307 and 3371

Purchasing Buyer approval:

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Erie County PA; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Erie County PA Coroners Office for the anticipated profit not-to-exceed \$60,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 30 cases maximum can be performed not-to-exceed \$60,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$60,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Erie County PA  
140 West 6<sup>th</sup> Street Room 505  
Erie, PA 16501

2. Tammy Lassman Fiscal Specialist

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Erie County PA Corners Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	N/A
Infor/Lawson PO# Code (if applicable):	N/A
Event #	N/A
CM Contract#	3295

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		N/A
Debarment/Suspension Verified	Date:	04/10/2023	OK KT 04/10/2023
Auditor’s Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	JAB

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	10,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	10,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	10,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	10,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	10,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	10,000.00
			<b>TOTAL</b>	60,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	60,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## **Department of Purchasing – Required Documents Checklist**

Upload as “word” document in Infor

### **Purchasing Use Only:**

Prior Resolutions:	N/A
CM#:	3295
Vendor Name:	Erie County PA
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$60,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Geauga County Coroner Office; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Geauga County Coroners Office for the anticipated profit not-to-exceed \$660,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 330 cases maximum can be performed not-to-exceed \$660,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$660,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Geauga County Coroners Office  
231 Main St Annex 1A  
Chardon, Ohio 44024

2. Mary Kerchelich Admin Assistant

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Geauga County Coroners Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023



Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	N/A
Infor/Lawson PO# Code (if applicable):	N/A
Event #	N/A
CM Contract#	3297

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		N/A
Debarment/Suspension Verified	Date:	04/10/2023	OK KT 04/10/2023
Auditor's Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB

1 | Page

Revised 9/17/2021

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	110,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	110,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	110,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	110,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	110,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	110,000.00
			<b>TOTAL</b>	660,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	660,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3297
Vendor Name:	Geauga County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$660,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFLS; 2023 Harrison County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Harrison County Coroner Office for the anticipated profit not-to-exceed \$120,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 60 cases maximum can be performed not-to-exceed \$120,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$120,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Harrison County Coroner  
100 West Market Street  
Cadiz, Ohio 43907

2. Porsche Beetham Coroner for Harrison County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Harrison County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	
Infor/Lawson PO# Code (if applicable):	
Event #	
CM Contract#	3398

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing</b>			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/12/2023
Debarment/Suspension Verified	Date:	05/09/2023	OK KT 05/09/2023
Auditor’s Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law
Department initials

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	\$20,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	\$20,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	\$20,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	\$20,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	\$20,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	\$20,000.00
			<b>TOTAL</b>	120,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$120,000.00				
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			



## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3398
Vendor Name:	Harrison County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$120,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Jefferson County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Jefferson County Coroner Office for the anticipated profit not-to-exceed \$144,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 72 cases maximum can be performed not-to-exceed \$144,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$144,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Jefferson County Coroner  
301 Market Street  
Steubenville, Ohio 43952

2. Debbie Welsh Coroner for Jefferson County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Jefferson County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

N/A

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3393

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form, if purchase over \$5k			N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - (only needed if <i>not</i> going to BOC or Council for approval)	Date:		N/A	N/A
IG#	Intergovernmental Agency			OK KT 05/17/2023
Debarment/Suspension Verified	Date:	05/08/2023		OK KT 05/08/2023
Auditor’s Finding	Date:	05/08/2023		OK KT 05/08/2023
Cover - Master contracts only			JAB	OK KT 05/17/2023
Contract Evaluation – if required			N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			JAB	OK KT 05/17/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law	
	<b>Department initials</b>

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	24,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	24,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	24,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	24,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	24,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	24,000.00
			<b>TOTAL</b>	144,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	144,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## **Department of Purchasing – Required Documents Checklist**

Upload as “word” document in Infor

### **Purchasing Use Only:**

Prior Resolutions:	N/A
CM#:	3393
Vendor Name:	Jefferson County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating)
History/CE:	N/A
EL:	N/A
Procurement Notes:	Master contracts: 3236, 3282, 3303, 3295, 3297, 3398, 3393, 3300, 3301, 3346, 3305, 3306, 3395, 3307 and 3371

Purchasing Buyer approval: **KT 05/17/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Lake County ; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with lake County Coroner’s Office for the anticipated profit not-to-exceed \$720,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 360 cases maximum can be performed not-to-exceed \$720,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$720,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Lake County Coroner  
5966 Heisley Rd #200  
Mentor, Ohio 44060

2. Mark K Komar Coroner

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Lake County Corners Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	N/A
Infor/Lawson PO# Code (if applicable):	N/A
Event #	N/A
CM Contract#	3300

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing				
			Department initials	Purchasing
Justification Form, if purchase over \$5k			N/A	N/A
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A
IG#	Intergovernmental Agency			OK KT 05/12/2023
Debarment/Suspension Verified	Date:	04/10/2023		OK KT 04/10/2023
Auditor's Finding	Date:	04/11/2023		OK KT 04/11/2023
Cover - <i>Master contracts only</i>			JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>			N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law	
	Department initials
Agreement/Contract and Exhibits	JAB



## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	<b>120,000.00</b>
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	120,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	120,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	120,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	120,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	120,000.00
			<b>TOTAL</b>	<b>720,000.00</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	720,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3300
Vendor Name:	Lake County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$720,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Mahoning County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Mahoning County Coroner Office for the anticipated profit not-to-exceed \$1,920,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 960 cases maximum can be performed not-to-exceed \$1,920,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$1,920,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Mahoning County Coroner Office  
345 Oakhill Avenue Suite 320, Building F  
Youngstown, Ohio 44502

2. Jeannie Paris Administrative Assistant

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Mahoning County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022  
Date of insurance approval from risk manager: 03/16/2023  
Date documents were requested from vendor: 09/01/2022  
Date item was entered and released in Infor: 05/12/2023  
Date using department approved item in Infor: n/a  
Date Law Department approved item in Infor: n/a  
Date approved by DoP in Infor: n/a  
Length of processing time in Infor in calendar days: n/a  
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	
Infor/Lawson PO# Code (if applicable):	
Event #	
CM Contract#	3301

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract)</b>			<b>Reviewed by Purchasing</b>	
			<b>Department initials</b>	<b>Purchasing</b>
Justification Form, if purchase over \$5k			N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A
IG#	Intergovernmental Agency			OK KT 05/12/2023
Debarment/Suspension Verified	Date:	04/10/2023 04/12/2023		OK KT 04/12/2023
Auditor's Finding	Date:	05/09/2023		OK KT 05/09/2023
Cover - <i>Master contracts only</i>			JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>			N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>	
	<b>Department initials</b>

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	<b>320,000.00</b>
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	320,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	320,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	320,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	320,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	320,000.00
			<b>TOTAL</b>	<b>1,920,000.00</b>

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	\$1,920,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3301
Vendor Name:	Mahoning County
ftp:	01/01/2023-12/31/2023
Amount:	(revenue-generating) \$1,920,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Medina County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Medina County Coroner Office for the anticipated profit not-to-exceed \$480,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 240 cases maximum can be performed not-to-exceed \$480,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$480,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Medina County Coroner  
144 N Broadway St Suite 113,  
Medina, OH 44256

2. Lisa Deranek M.D Coroner for Medina County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Medina County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023



Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3346

Briefing Memo	Department initials JAB	Clerk of the Board <input type="checkbox"/>
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Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - ( <i>only needed if not going to BOC or Council for approval</i> )	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/12/2023
Debarment/Suspension Verified	Date: 04/24/2023		OK KT 04/24/2023
Auditor's Finding	Date: 04/24/2023		OK KT 04/24/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law
Department initials

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	80,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	80,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	80,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	80,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	80,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	80,000.00
			<b>TOTAL</b>	480,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	480,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## **Department of Purchasing – Required Documents Checklist**

Upload as “word” document in Infor

### **Purchasing Use Only:**

Prior Resolutions:	N/A
CM#:	3346
Vendor Name:	Medina County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$480,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Portage County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Portage County Coroner Office for the anticipated profit not-to-exceed \$240,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 120 cases maximum can be performed not-to-exceed \$240,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$240,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Portage County Coroner Office  
226 West Harris Ave Box 1217  
Ravenna, Ohio 44266

2. Dean Deperro Coroner for Portage County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Portage County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3305

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing</b>			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/12/2023
Debarment/Suspension Verified	Date:	04/12/2023	OK KT 04/12/2023
Auditor's Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item  
 Glossary of Terms at: <https://intranet.cuyahoga.cc/policies-procedures/procurement-information>

Reviewed by Law
<b>Department initials</b>

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers' Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	40,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	40,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	40,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	40,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	40,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	40,000.00
			<b>TOTAL</b>	240,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	240,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

2 | Page

Revised 9/17/2021



## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3305
Vendor Name:	Portage County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$240,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Stark County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Stark County Coroner Office for the anticipated profit not-to-exceed \$600,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 300 cases maximum can be performed not-to-exceed \$600,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$600,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Stark County Coroner's Office  
3053 Cleveland Ave SW  
Canton, Ohio 44707

2. Ronald Rusnak Coroner for Stark County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Stark County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3306

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing			
		Department initials	Purchasing
Justification Form, if purchase over \$5k		N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:	N/A	N/A
IG#	Intergovernmental Agency		OK KT 05/12/023
Debarment/Suspension Verified	Date:	04/12/2023	OK KT 04/12/2023
Auditor’s Finding	Date:	05/09/2023	OK KT 05/09/2023
Cover - <i>Master contracts only</i>		JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>		N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.		N/A	N/A
Checklist Verification		JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

Reviewed by Law		
		Department initials
Agreement/Contract and Exhibits		JAB

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	100,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	100,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	100,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	100,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	100,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	100,000.00
			<b>TOTAL</b>	600,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	600,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## **Department of Purchasing – Required Documents Checklist**

Upload as “word” document in Infor

### **Purchasing Use Only:**

Prior Resolutions:	N/A
CM#:	3306
Vendor Name:	Stark County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$600,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Tuscarawas County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Tuscarawas County Coroner Office for the anticipated profit not-to-exceed \$540,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 270 cases maximum can be performed not-to-exceed \$540,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$540,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Tuscarawas County Coroner  
897 E Iron Ave  
Dover, Ohio 44622

2. Jeff Cameron Coroner for Tuscarawas County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Tuscarawas County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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



## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3307

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract)</b>			<b>Reviewed by Purchasing</b>	
			<b>Department initials</b>	<b>Purchasing</b>
Justification Form, if purchase over \$5k			N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A
IG#	Intergovernmental Agency			OK KT 05/12/2023
Debarment/Suspension Verified	Date:	04/12/2023		OK KT 04/12/2023
Auditor's Finding	Date:	05/09/2023		OK KT 05/09/2023
Cover - <i>Master contracts only</i>			JAB	OK KT 05/12/2023
Contract Evaluation – <i>if required</i>			N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			JAB	OK KT 05/12/2023

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>	
	<b>Department initials</b>

## Department of Purchasing – Required Documents Checklist

Upload as “word” document in Infor

Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	90,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	90,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	90,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	90,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	90,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	90,000.00
			<b>TOTAL</b>	540,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	540,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## Department of Purchasing – Required Documents Checklist

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Upload as “word” document in Infor

### Purchasing Use Only:

Prior Resolutions:	N/A
CM#:	3307
Vendor Name:	Tuscarawas County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$540,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	

Purchasing Buyer approval: **OK KT 05/12/2023**

**OnBase Item Detail Briefing Memo - Form**

Directions: Use the following form when requesting approval of a contract, agreement, an amendment, lease, permits or grants involving the County.

Enter this information directly or paste (text) into the sections below.

Complete all items within the (parenthesis – **Note: Do not include Parenthesis**) then attach the following information as a Word Document to the OnBase item.

Title:

**Medical Examiner Office - RFSL; 2023 Wayne County; Out of County Autopsies – Revenue Generating**

**A. Scope of Work Summary**

1. Medical Examiner Office requesting approval of a contract with Wayne County Coroner Office for the anticipated profit not-to-exceed \$120,000.00

Services provided include autopsies. Revenue of \$2000.00 per single case up to 60 cases maximum can be performed not-to-exceed \$120,000.00 in revenue.

**B. Procurement**

1. The procurement method for this project was a government contract not-to-exceed \$120,000.00 in revenue.

**C. Contractor and Project Information**

1. The address(es) of all vendors and/or contractors is (provide the full address in the following format):

Wayne County Coroner  
128 East Milltown Rd  
Wooster, Ohio 44691

2. Luke Reynolds Coroner for Wayne County

**E. Funding**

1. The project does not require funding – this is revenue generating.

2. The schedule of revenue will be based on our submitted invoices to the Wayne County Coroner's Office.

**F. Items/Services Received and Invoiced but not Paid:**

Project/Procurement Start Date): 09/01/2022

Date of insurance approval from risk manager: 03/16/2023

Date documents were requested from vendor: 09/01/2022

Date item was entered and released in Infor: 05/12/2023

Date using department approved item in Infor: n/a

Date Law Department approved item in Infor: n/a

Date approved by DoP in Infor: n/a

Length of processing time in Infor in calendar days: n/a

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

## Department of Purchasing – Required Documents Checklist

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Infor/Lawson RQ#:	n/a
Infor/Lawson PO# Code (if applicable):	n/a
Event #	n/a
CM Contract#	3371

	<b>Department initials</b>	<b>Clerk of the Board</b>
Briefing Memo	JAB	<input type="checkbox"/>

Late Submittal Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Why is the contract being submitted late?	Took a while to get all of the different counties contracts sent back to us in a timely manner	
What is being done to prevent this from reoccurring?	Next time contract comes up we will make sure to request the agreements from all different counties sooner next time.	

TAC or CTO Required or authorized IT Standard	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>REVENUE-GENERATING NON-COMPETITIVE RFP Exemptions (Contract) Reviewed by Purchasing</b>
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			Department initials	Purchasing
Justification Form, if purchase over \$5k			N/A	OK KT 05/11/2023
Annual Non-Competitive Bid Contract Statement - <i>(only needed if not going to BOC or Council for approval)</i>	Date:		N/A	N/A
IG#	Intergovernmental Agency			OK KT 05/17/2023
Debarment/Suspension Verified	Date:	04/27/2023		OK KT 04/27/2023
Auditor's Finding	Date:	04/27/2023		OK KT 04/27/2023
Cover - <i>Master contracts only</i>			JAB	OK KT 05/17/2023
Contract Evaluation – <i>if required</i>			N/A	N/A
TAC/CTO Approval or IT Standards (attach and identify relevant page #s), if required.			N/A	N/A
Checklist Verification			JAB	OK KT 05/17/2023

Other documentation may be required depending upon your specific item

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

<b>Reviewed by Law</b>
Department initials

## Department of Purchasing – Required Documents Checklist

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Agreement/Contract and Exhibits	JAB
Matrix Law Screen shot	JAB
COI	JAB
Workers’ Compensation Insurance	JAB

### Accounting Units

Time Period	Accounting Unit	Account Number	Sub Account	Dollar Amount
01/01/2023-12/31/2023	ME105105	42350	ME-CORONER LAB	20,000.00
01/01/2024-12/31/2024	ME105105	42350	ME-CORONER LAB	20,000.00
01/01/2025-12/31/2025	ME105105	42350	ME-CORONER LAB	20,000.00
01/01/2026-12/31/2026	ME105105	42350	ME-CORONER LAB	20,000.00
01/01/2027-12/31/2027	ME105105	42350	ME-CORONER LAB	20,000.00
01/01/2028-12/31/2028	ME105105	42350	ME-CORONER LAB	20,000.00
			<b>TOTAL</b>	120,000.00

<b>Contract History CE/AG# (if applicable)</b>	
<b>Infor/Lawson PO# and PO Code (if applicable)</b>	
<b>Lawson RQ# (if applicable)</b>	CR-19-45538
<b>CM Contract#</b>	

	Original Amount	Amendment Amount	Original Time Period/Amended End Date	Approval Date	Approval #
<b>Original Amount</b>	120,000.00		01/01/2023-12/31/2028	Pending	Pending
<b>Prior Amendment Amounts (list separately)</b>		\$			
		\$			
		\$			
<b>Pending Amendment</b>		\$			
<b>Total Amendments</b>		\$			
<b>Total Contact Amount</b>		\$			

## **Department of Purchasing – Required Documents Checklist**

Upload as “word” document in Infor

### **Purchasing Use Only:**

Prior Resolutions:	N/A
CM#:	3371
Vendor Name:	Wayne County
ftp:	01/01/2023-12/31/2028
Amount:	(revenue-generating) \$120,000.00
History/CE:	N/A
EL:	N/A
Procurement Notes:	Master contract: 3236, 3282, 3303, 3295, 3297, 3398, 3393, 3300, 3301, 3346, 3305, 3306, 3395, 3307 and 3371

Purchasing Buyer approval: **KT 05/17/2023**