

REQUESTS FOR COUNCIL ACTION/DISCUSSION

Finance Committee

- 20-086-4/27 – MCDAC Grant Application - Police
- 20-087-4/27 – CHIP Private Rehab – 533 S. Broadway
- 20-088-4/27 – Economic Development (TREX) Transfer Form Approval
- 20-089-4/27 – Expenditure Over \$15,000 – Litman, Inc. – Engineering
- 20-090-4/27 – Expenditure Over \$15,000 – Stepmobile – Municipal Court
- 20-091-4/27 – Budget Amendments

4/27/20

REQUEST FOR COUNCIL ACTION

Addendum to

No. RCA 20-085-4/13

Committee: Finance

FROM: Jessica Hazeltine, Bill Lamb

DATE: April 22, 2020

SUBJECT: Pandemic Relief for Seniors and At Risk City Residents

SUMMARY AND BACKGROUND:

I reached out to Tim Van Arsdale, Executive Director and Founder of the non-profit Cups Café (EIN 26-3452478). I believe this would be an ideal organization to donate city funds to at this time. My thoughts are a total of \$5,000, disbursed in \$2,500 increments. The funds would be used for food, carry out containers, bags and other supplies they previously did not budget for as people used the café and regular dishes to eat.

As was pointed out at our last meeting, there is employment available in Medina. Therefore, funds would NOT be used to pay employees, including drivers. Tim is willing to track Medina City residents utilizing the program – approximately 95% of the people he serves currently are residents of Medina City, a majority from Ward 1. He also stated he is willing to open a bank account specifically to track the expenditures from these funds, if received.

Currently, Cups Café serves 120 meals per day Monday-Friday, and about 40 on Saturdays (due to limited hours). About 95 of those are deliveries. Tim said with the additional funding, they could serve about 200 per day (M-F).

Thank you for your consideration.

Estimated Cost: \$5,000.00

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. _____ to Account No. _____
- NEW APPROPRIATION needed in Account No. General Fund

Emergency Clause Requested: yes

Reason: COVID-19 is changing on a daily basis and our residents need our help and support NOW.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.

Date:

REQUEST FOR COUNCIL ACTION

No. RCA 20-085-4/13

FROM: Jessica Hazeltine, Bill Lamb

Committee:
Finance

DATE: April 7, 2020

SUBJECT: Pandemic Relief for Seniors and At Risk City Residents

SUMMARY AND BACKGROUND:

I am requesting funding for Heartland Community Church (3400 Weymouth Rd Medina, Ohio 44256), specifically their program "Love Dash" which picks up groceries and delivers them to the at risk population identified by the Ohio State Director of Public Health as residents that should remain at home. Funds would be used to pay displaced workers \$10/hr to carry out these services. Participants must be displaced workers that meet the health guidelines set forth by the State of Ohio's Health Director. Funds may also be used to purchase gas cards specifically to finance these efforts or for approved pandemic at risk support services.

Putting funding behind this initiative will help get displaced workers work, while contributing to the effort to keep our at risk population safe. I respectfully ask my fellow council members to support this initiative in an effort to help the residents of Medina.

*Jess - Great system - working w/ Mark Williams - make meals
Multiple agencies providing food for at risk people
for Medina City Residents -*

*Can make Heartland or Wms on the take receipt of \$
A. providing work for people out of work - \$10/hour*

B. Majority of volunteers are seniors

*Small displacements up to \$10,000
Donnie - Having tough time - separation of church & state. Come up w/ someone else to
be in charge of \$.*

Estimated Cost: \$10,000

Suggested Funding:

- sufficient funds in Account No.
- transfer needed from Account No. to Account No.
- NEW APPROPRIATION needed in Account No. General Fund

Emergency Clause Requested: yes

Reason: COVID-19 is changing on a daily basis and our residents need our help and support NOW.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken: *4-13-20 Hold
No consensus - rework*

Ord./Res.

Date:

REQUEST FOR COUNCIL ACTION

*OK
D. Hanwell
4-13-2020*

No. RCA 20-086-4/27

**From: POLICE DEPARTMENT
Chief Edward R. Kinney**

Ed Kinney

(Signature)

Mayor's Initials: _____

Committee Finance

Guidelines: See information on back of form

Date: 4/10/20

Subject: MCDAC Grant

Summary and Background: The Medina County Drug Advisory Commission provides grants to police agencies with goals of combating drug trafficking through law enforcement. Medina Police would like to apply for a grant to increase enforcement of illegal narcotics transportation and trafficking within Medina City Schools.

Therefore, our department respectfully requests that City Council allow Medina Police to apply for a grant. Additionally, we ask council to give permission to Mayor Dennis Hanwell and Finance Director Keith Dirham, to sign the grant application when submitted.

And finally, if the MCDAC grant is awarded, School Resource Officers, Alan Roland and an officer to be determined will serve the well-being of the community by enforcing the transportation and trafficking of illegal drugs within the school setting and preserving the school safety program in a variety of additional roles.

Estimated Revenue: \$179,398.14

Suggested Funding: MCDAC Grant

Sufficient Funds in Account:

Transfer Needed From: _____ **To:** _____

New Appropriation Needed: N/A

Account No:

Emergency Clause Requested:

No Yes If yes, reason: Approval needed to submit the grant application by May 15, 2020 deadline.

Council Use Only:

Committee Recommendation:

Council Action Taken:

Ord./Res.No:

Date:

Section I. Cover Sheet

Implementing Agency Name: *Medina City Police Department*

Federal Tax ID Number: *34-6001856*

Contact Person's Name and Title: *Edward Kinney, Chief of Police*

Mailing Address: *150 W Friendship Street, Medina OH 44256*

Telephone Number: *330 725 7777*

Email: *ekinney@medinaoh.org*

Authorized Fiscal Officer's Name/Title: *Keith Dirham, Finance Director*

Mailing Address: *132 N Elmwood Avenue, Medina OH 44256*

Telephone Number: *330 722 9045*

Email: *kdirham@medinaoh.org*

Project Director Name/Title: *Dave Birckbichler, Lieutenant*

Project Title: *Medina City Schools School Resource Officers*

Mailing Address: *150 W Friendship Street, Medina OH 44256*

Telephone Number: *330 725 7777*

Email: *dbirckbichler@medinaoh.org*

Project Type: *Funding for School Resource Officers*

List each Project Location address, contact person, title and phone number:

Medina Senior High School: 777 E Union Street, Medina OH 44256

Jeff Harrison, Principal: 330 636 3200

A.I. Root Middle School: 333 W Sturbridge Drive, Medina OH 44256

Bryan Farson, Principal: 330 636 3500

Claggett Middle School: 420 E Union Street, Medina OH 44256

Paul Worsencroft, Principal: 330 636 3600

Application Prepared by: *Lieutenant Dave Birckbichler*

Signature:



Date: *April 10, 2020*

Section II. Project Plan Narrative

Describe the project in detail. Include a general description of the project, the problems you are facing in your community, the needs of your organization, the target population of your project and any project goals and objectives you may have. Please include how you will evaluate the project and any outcome measures you will use at the completion of the project. Attach letter(s) of support from the organizations you collaborate with and your government officials.

A trained, sworn law enforcement officer assigned to schools play an integral part in the development and enhancement of a comprehensive school safety plan. The presence of a Medina City Police Officer in Medina City High School, and another Officer assigned to both of the Medina City Middle Schools (A.I. Root and Claggett) will provide these three Medina City Schools with a direct link to the Medina City Police Department.

School Resource Officers (SROs) serve in a variety of roles including, but not limited to, that of a law enforcement officer/safety specialist, law-related educator, and problem solver/community liaison. These officers may teach programs such as crime prevention, substance abuse prevention, and gang resistance. The SROs also monitor and assist at-risk populations, such as students of color, students with disabilities, LGBTQ students, homeless and unaccompanied students, and pregnant and parenting students. The SROs are trained in age-appropriate responses, conflict resolution, and de-escalation techniques. The School Resource Officers may also identify physical changes in the environment that may reduce crime in and around the schools, as well as assist in developing school policies which address criminal activity and school safety.

The primary role of the SROs is responsibility for safety of school student and staff and crime prevention in schools. The SROs will work closely with school administrators in an effort to create a safer learning environment. The responsibilities of SROs are the same regular police officers in that they have the ability to make arrests, respond to calls for service, and document incidents that occur within the schools.

Section III. Project Budget

Total MCDAC Requested Amount of Funding: \$ 179,398.14 Total Cost of Project: \$ 219,894.48
 Applicant Cost Share of Project: \$ 40,496.34

Type of Cost	Total Project Cost	MCDAC Requested Amount	Other Source Amount
Salary	\$ 140,524.80	\$ 115,939.20	-0-
Benefits	\$ 79,369.68	\$ 63,458.94	-0-
Equipment Purchase/Lease	-0-		-0-
Other (Please detail any other project costs here): N/A			
Total:	\$ 219,894.48	\$ 179,398.14	-0-

The above financial report reflects true and accurate information to the best of our knowledge and belief.

Fiscal Officer: *Keith W. John*

Date: *4/13/20*

Section III: Project Budget

A. Personnel

Position: *Medina Senior High School Resource Officer*

Name/Vacant: *Vacant*

Total Hours: *1,560* Hourly Rate: *\$ 37.16* Total Wages: *\$ 57,969.60*

Employers Share of Monthly Rate (Fringe Benefits or % Rate)			Eligible Wage Amount or # of Months		Employer's Share of Fringes
PERS or STRS		X		=	
Medicare	<i>1.45%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 840.56</i>
FICA		X		=	
Other Pension (PERS Additional)	<i>19.5%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 11,304.07</i>
Health Insurance	<i>\$ 1,789.58</i>	X	<i>9 months</i>	=	<i>\$ 16,106.22</i>
BWC	<i>3.0%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 1,739.09</i>
Unemployment		X		=	
Other (<i>uniforms</i>)	<i>\$ 115.17</i>	X	<i>9 months</i>	=	<i>\$ 1,036.53</i>
			Subtotal Fringes	=	\$ 31,729.47
			Subtotal Salary	+	\$ 57,969.60
			Personnel Total	=	\$ 89,699.07

Position: *Medina Middle Schools Resource Officer*

Name/Vacant: *Officer Alan Roland*

Total Hours: *1,560* Hourly Rate: *\$37.16* Total Wages: *\$ 57,969.60*

Employers Share of Monthly Rate (Fringe Benefits or % Rate)			Eligible Wage Amount or # of Months		Employer's Share of Fringes
PERS or STRS		X		=	
Medicare	<i>1.45%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 840.56</i>
FICA		X		=	
Other Pension (PERS Additional)	<i>19.5%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 11,304.07</i>
Health Insurance	<i>\$ 1,789.58</i>	X	<i>9 months</i>	=	<i>\$ 16,106.22</i>
BWC	<i>3.0%</i>	X	<i>\$ 57,969.60</i>	=	<i>\$ 1,739.09</i>
Unemployment		X		=	
Other (<i>uniforms</i>)	<i>\$ 115.17</i>	X	<i>9 months</i>	=	<i>\$ 1,036.53</i>
			Subtotal Fringes	=	\$ 31,729.47
			Subtotal Salary	+	\$ 57,969.60
			Personnel Total	=	\$ 89,699.07

Section III: Project Budget
B. Equipment

Equipment	Purpose	Expense
Total Equipment Expense:		-0-

Section III: Project Budget
C. Other Expenses

Please detail any expenses that are not include in the personnel or equipment sections.

Other	Purpose	Expense
Total Other Expense:		-0-

OK
H Council
4-14-2020

REQUEST FOR COUNCIL ACTION

No. RCA 20-087-4/27

FROM: Sandy Davis

Committee: Finance

DATE: 4/14/20

SUBJECT: 533 S Broadway- Private Owner Rehabilitation

SUMMARY AND BACKGROUND:

This is a request to increase the purchase order for Absolute Construction from \$33,000 to \$37,524 to allow for the two change orders attached. This is an increase of \$4,524.00.

Estimated Cost: \$4,524.00

Suggested Funding:

- sufficient funds in Account No. 139-0458-52215 Activity #AC-18-06
- transfer needed from Account No. to Account No.
- NEW APPROPRIATION needed in Account No.

Emergency Clause Requested: Yes
Reason:

The City of Medina CHIP program does not have a long list of contractors wanting to participate in the program due to the lengthy processes for payment. Contractor's participating in the CHIP program are put in a hardship cash flow situation and unable to bid on other CHIP projects without the timely payment for work completed.

COUNCIL USE ONLY:

Committee Action/Recommendation:

Council Action Taken:

Ord./Res.
Date:

Field Change Order # 2

Owners: Katherine Mrochack

Address: 533 S Broadway Medina

Contractor: Absolute Construction.

Add Items:

Description: install new 4 wire to garage to a 60 Amp Amount

sub panel with a switched light and GFCI outlet for service

and power for Garage door opener. \$ 2975.00

2. install Pull chain GLOBE light in upstairs Closet \$ 50.00

3. Replace Basement Door with wood, 6 panel Door \$ 500.00

Total Additions

Delete Items:

Description Amount \$ 3,525.00

Delete # Spec 17218 on page 5; 1 Door in Master bedroom

Adjust and Service. - \$ 210.00

Total Deletions \$ 210.00

Net Difference \$ 3,315.00

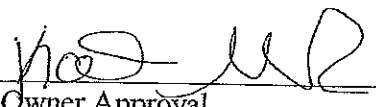
Original Contract Amount \$ 32,984.00

Additions to Contract \$ 3,525.00

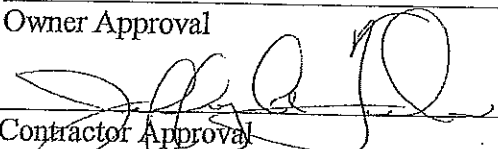
Deletions to Contract \$ - 210.00

New Contract Amount \$ ~~36,299.00~~

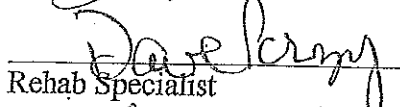
37,174.00 \$ 37,524.00


Owner Approval

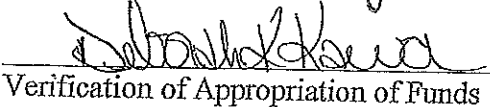
2-4-2020
Date


Contractor Approval

Date
2-4-2020
Date


Rehab Specialist

2-4-2020
Date


Verification of Appropriation of Funds

2-4-20
Date

CHANGE ORDER # 1

Homeowner: Katherine Mrochek
Address: 533 South Broadway Medina Oh.

Additions

#	Page	Spec No	Description	Price
1	6	15235	Install 3-way switches to existing fixture Install a pair of 3-way switches at opposite sides of room at entrances, Fish wire and repair all tear-out.	\$400.00
2	1	15232	Install a GFCI outlet in a NEC approved weatherized box. Include the installation of a new 12-2wg wire and breaker. Exterior outlets are to be on a dedicated circuit and should be located at the front and rear of the home.	\$600.00
3	11	17218	ADJUST AND SERVICE DOOR. (THE DOORS, JAMBS, AND CASINGS ARE LEAD) Repair or Replace all missing or broken hardware. Repair oversized screw holes and replace screws. Plane door as required so it DOES NOT rub Jamb anywhere. Shim and adjust hinges and strike so that door has positive close and latch.	\$225.00

Total Additions

\$ 1,225.00

Deletions

#	Page	Spec No	Description	Price

Total Deletions

\$ 000.00

Net Difference

\$ 1,225.00

Original Contract Amount: \$ 32,984.00
Additions to Contract \$ 1,225.00
Deletions to Contract \$ 000.00
New Contract Amount \$34,209.00

OK
H Howell
4-20-2020

REQUEST FOR COUNCIL ACTION

No. ECA 20-088-4/27

FROM: Kimberly Marshall, Economic Development Director Committee: Finance
DATE: April 20, 2020
SUBJECT: Economic Development (TRES) Transfer Form

SUMMARY AND BACKGROUND:

I recently received a call from Kevin Brennan, Attorney for Bill Adams, owner of Diner 42 located at 665 Lafayette Road, Medina, to discuss the possibility of transferring a D1, D2 and D3 Class liquor permits into the City of Medina. (He has located a liquor permit holder from another jurisdiction who wishes to sell his combined D1, D2 and D3, permits.) The ORC 4303.29 states that a permit can be transferred from one area to another for the purposes of an economic development project.

As council is aware, Bill Adams and his partner purchased the former building located at 665 Lafayette Rd that was formerly known as the Lantern. Since then, they have invested over \$50K in the property and added a large deck on the front of the building. They also employ 6 full time employees (prior to COVID19).

Despite all their marketing efforts and community outreach they have seen a slow decline in sales and are not turning a profit. Based on customer input, the greatest obstacle they have is that they are unable to offer alcoholic beverages with their lunch or dinner meals hence, putting them at a competitive disadvantage with other fast-casual restaurants in the area.

I am respectfully asking council to allow the Mayor to sign the attached Ohio Department of Commerce – Division of Liquor Control – Economic Development (TRES) Transfer Form.

Estimated Cost:
Suggested Funding:

Sufficient funds in Account No.
• Transfer needed from Account No. _____
to Account No. _____
NEW APPROPRIATION needed in Account No. _____

Emergency Clause Requested: No
Reason:

COUNCIL USE ONLY:
Committee Action/Recommendation:

Council Action Taken:

Ord./Res.
Date:



Ohio Department of Commerce - Division of Liquor Control
 6606 Tussing Road, P.O. Box 4005
 Reynoldsburg, Ohio 43068-9005
 http://www.com.ohio.gov/liqr

Office hours - 8:00am to 5:00pm
 For Questions call (614) 644-2496

ECONOMIC DEVELOPMENT (TREX) TRANSFER FORM

Ohio Revised Code 4303.29 allows for the transfer of location or the transfer of ownership and location of a C-1, C-2, D-1, D-2, D-3, or D-5 permit from municipal corporation or the unincorporated area of a township to an economic development project located in another municipal corporation or the unincorporated area of another township in which no additional permits of that class may be issued to the applicant under the permit quota. However the transfer may occur only if the applicant notifies the municipal corporation or township to which the location of the permit will be transferred regarding the transfer and the municipal corporation or township acknowledges in Section B of this form OR in writing to the Division of Liquor Control, that the transfer will be to an economic development project. A permit may be transferred to a different owner at the same location, or to the same owner or a different owner at a different location in the same municipal corporation or in the unincorporated area of the same township. NOTE: The statute requires the applicant to provide the endorsement by the municipal corporation or township at the time the application for the transfer is filed with the division, therefore once Section B is completed return this form to the applicant so they may attach this information to their transfer application.

Seller(s) - Current Permit Holder - (Individual, Corp., LLC or Partnership)

WINGS ETC OF MARIETTA, LLC

Buyer(s) - Prospective Permit Holder - Individual, Corp., LLC or Partnership

IBC BARS, LLC

Permit Number:

9694475-0005

CHECK Class(es) of Permit(s) Being TREX Transferred:

C-1 C-2 C-2X D-1 D-2 D-2X D-3 D-3A D-5 D-6

SECTION A: (To be completed by the Applicant)

NOTE: Section A is for you to provide information to the local legislative authority (City, Village or Township Office) in which this Economic Development Project (Trex) will be located. In addition to the below information, you may be required to provide a projected earnings statement (brand new business), or a profit and loss statement (existing business), and a copy of building plans/drawings outlining any construction plans. The Division will also use this information to determine if you qualify and meet the criteria outlined under Section 4303.29(B)(2)(b).

1. The total amount invested in this project is \$ 150,000.00

2. The total number of jobs that will be created by this economic development project is 5

3. Existing or Estimated Tax Revenue generated by this project is:
 (Type or print on the lines provided the type of tax & amount, i.e., Sales Tax, Property Tax, Unemployment Tax, etc.)

Sales Tax	\$ <u>25,000.00/year</u>
State Withholding Tax	\$ <u>5,300.00</u>
Ohio Unemployment Tax	\$ <u>1,620.00</u>
	\$ _____

On behalf of the applicant as indicated above I am signing below and certifying that all the information provided with this application is complete and accurate to the best of my knowledge.

William Adams

Print or Type Name

[Signature]
Signature

April 17, 2020

Date

Managing Member

Title

SECTION B: (The applicant MUST have this Section completed by the City, Village or Township Office in which this Economic Development Project (Trex) will be located. This MUST accompany the application).

Based upon the factors outlined above, the City/Village/Township of Medina hereby endorses
 (City, Village or Township Name)

and acknowledges that this transfer will be to an economic development project.

Print or Type Name

Signature of Mayor, Legislative Officer Holder or Law Director

Date

Title (e.g., Mayor, Clerk of City Council, Fiscal Officer or Law Director)

Diner 42
Alcohol Permit Transfer Request

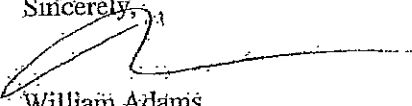
I am the owner of Diner 42 located at 665 Lafayette Road, Medina, Ohio 44256. I purchased the business and real estate in 2018. Since the acquisition of the property over \$50,000.00 in improvements were made to the premises, including the addition of a large deck on the front of the building. The Diner has seating for approximately 40 people and prior to dine-in being shut down due to the Covid-19 pandemic, employed six (6) full-time employees.

We started out serving typical diner food and expanded based on customer requests to include healthy options as well. The Diner is open from 11:00am until 8pm Monday thru Saturday and till 5pm on Sundays. In an effort to expand our customer base and expand on the existing customers, Diner 42 has been featured on numerous television morning shows, expanded our social media visibility, and provided support to local high school sports teams. In addition, Diner 42 won best entrée at the 2018 taste of Medina food contest.

Despite all of the marketing efforts and community outreach it has been difficult to maintain sales and over the past 18 months we've seen a slow decline and have not been turning a profit. As the City is aware, there are many choices in the City for dining, but far less near this location making it a prime area for a thriving business. Based on customer input, the greatest obstacle we have is that we are unable to offer our customers alcohol with their lunch or dinner. Being able to sell alcohol is the number one request from our customers. It has become clear that Diner 42 cannot compete with the other fast-casual restaurants in the City without the ability to offer alcoholic beverages. I am also confident that the ability to serve alcohol will not only increase business, it will allow the business to hire additional employees.

As the City is certainly aware, there are currently no liquor permits available from the State of Ohio for the City of Medina. We could transfer a permit from elsewhere in the State into Medina, however it would require the consent of the City, either through the Mayor or City Council. I am fully committed to continue to invest and expand this business however it is clear to me that without the ability to serve alcohol to our customers, any further investment will just be wasted and I would likely shut down the Diner within a few months. I would request that the City approve and consent to the transfer of a liquor permit into the City of Medina to be issued to Diner 42. Please feel free to contact me should you have any additional questions.

Sincerely,


William Adams
330-350-1593

4/8/2020

RCA 20-089-4/27
Finance Only

City of Medina
Board of Control/Finance Committee Approval
Administrative Code: 141


- Department Heads can authorize expenditures up to \$1,500.00 (requisition)
- Board of Control authorizes expenditures from \$1,500.01 to \$15,000.00 (BOC form).
- Finance Committee authorizes expenditures from \$15,000.01 to \$25,000.00 (BOC form).
- Council authorizes expenditures/bids over \$25,000.00 (RCA form). Board of Control awards all bids, unless otherwise specified in authorizing ordinance. (Ord. 101-05)

Date: 4/21/2020 Department: Engineering

Amount: \$16,145.00 B.O.C. Approval Date: _____
(Finance Use Only)

Account Number: 108-0684-54414

Vendor: Litman, Inc.

Department Head/Authorized Signature: 

Item/Description:

Installation of two (2) decorative lights for South Elmwood Bridge

OK
Approved
4/21/2020

FINANCE COMMITTEE APPROVAL: (expenditures from \$15,000.01 to \$25,000.00)

Date Approved/Denied by Finance Committee: _____

Date to Finance: _____

Clerk of council

- Please have all BOC items for the agenda to the Mayor's Office before 5 p.m. on Friday before the scheduled BOC meeting.
- Please have all Finance Committee items for the agenda to the Clerk of Council's Office before 5 p.m. on Tuesday before the scheduled Finance Committee meeting.

Thank you.

LITMAN, INC.

4251 BELL ROAD
SEVILLE, OH 44273

Estimate

Date	Estimate #
4/16/2020	386

Name / Address
MEDINA CITY 132 N ELMWOOD AVE MEDINA OH 44256

			Project
Description	Qty	Cost	Total
ELMWOOD BRIDGE LIGHTING , INSTALL METER SOCKET & PANEL SERVICE ON PEDESTAL TO BE BUILT , RUN UNDERGROUND WIRES FROM PEDESTAL TO EXISTING FIRST ENERGY POLE PER DRAWINGS , RUN UNDERGROUND ELECTRIC TO LIGHT LOCATIONS RUN UNDER ROAD THROUGH PIPES ALREADY PROVIDED BY CITY . ESTIMATE INCLUDES BOTH LIGHTS & POLES LED PER DRAWINGS PROVIDED ALL MATERIALS & LABOR		16,145.00	16,145.00
THANK YOU HAVE A BLESSED DAY		Total	\$16,145.00

Phone #
330-769-4724

RCA 20-090-4/27
Finance Only

City of Medina
Board of Control/Finance Committee Approval
Administrative Code: 141

- Department Heads can authorize expenditures up to \$1,500.00 (requisition)
- Board of Control authorizes expenditures from \$1,500.01 to \$15,000.00 (BOC form).
- Finance Committee authorizes expenditures from \$15,000.01 to \$25,000.00 (BOC form).
- Council authorizes expenditures/bids over \$25,000.00 (RCA form). Board of Control awards all bids, unless otherwise specified in authorizing ordinance. (Ord. 101-05)

Date: 4/17/2020

Department: MMC Probation

Amount: \$22,314.91

B.O.C. Approval Date: _____
(Finance Use Only)

Account Number: 109-756-53315

Vendor: Stepmobile

Department Head/Authorized Signature: *[Signature]*

Item/Description:

Medina Municipal Court was awarded a Technology Grant through the Ohio Supreme Court
This grant will fund Ohio Community Supervision System (OCSS) software for the Probation
Department. The OCSS will provide statistical data needed for reports required by various
agencies but will also allow mass communication tool (i.e. text and voice messaging).

FINANCE COMMITTEE APPROVAL: (expenditures from \$15,000.01 to \$25,000.00)

Date Approved/Denied by Finance Committee: _____

Clerk of council

Date to Finance: _____

- Please have all BOC items for the agenda to the Mayor's Office before 5 p.m. on Friday before the scheduled BOC meeting.
- Please have all Finance Committee items for the agenda to the Clerk of Council's Office before 5 p.m. on Tuesday before the scheduled Finance Committee meeting.

Thank you.

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

March 24th, 2020

Medina Municipal Adult Probation Department
Matt Esterie, Chief Probation Officer
135 N. Elmwood Avenue
Medina, Ohio 44256

Re: OCSS Document Generation Services

Matt,

I have provided this proposal for the Ohio Community Supervision System Document Generation Proposal. With the acceptance of this proposal we will provide up to 30 documents and reports customized for your Agency to run in OCSS.

If you have any questions, please contact me at your earliest convenience.

Sincerely,

David M. Rose
StepMobile Inc.

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Scope of Work

Description	Comments			
Kick-Off Meeting	<table border="1"><tr><td data-bbox="756 520 1406 667">StepMobile: Project Manager: David Rose Technical Lead: Dan Rzeppa</td></tr><tr><td data-bbox="756 667 1406 793">Agency: Main Contact: <i>name</i> Technical Resource: <i>name</i></td></tr><tr><td data-bbox="756 793 1406 888">This meeting could take place during the OCSS Kick-Off Meeting</td></tr></table>	StepMobile: Project Manager: David Rose Technical Lead: Dan Rzeppa	Agency: Main Contact: <i>name</i> Technical Resource: <i>name</i>	This meeting could take place during the OCSS Kick-Off Meeting
StepMobile: Project Manager: David Rose Technical Lead: Dan Rzeppa				
Agency: Main Contact: <i>name</i> Technical Resource: <i>name</i>				
This meeting could take place during the OCSS Kick-Off Meeting				
Develop up to 30 documents and/or reports	<table border="1"><tr><td data-bbox="756 934 1406 1033">Additional items can be produced at a billable rate listed on our Ohio State Term Schedule of \$150.00</td></tr></table>	Additional items can be produced at a billable rate listed on our Ohio State Term Schedule of \$150.00		
Additional items can be produced at a billable rate listed on our Ohio State Term Schedule of \$150.00				

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18 W. Fourth Street
Mansfield, OH 44902
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Your Responsibilities

Description	Comments
Attend Kick Off Meeting	All resources that will participate in the data conversion must be present during the meeting
Agency Review	Review procedures for generating sample documents and reports. Provide a current understanding of how documents are created for use in current system.
Documents	Provide a copy of each document both empty and with sample data
Reports	Provide a copy of each report both empty and with sample data
Assign Permissions	For each document, report and data export assign permission to run by role.
Review OCSS Documents & Reports	Sign off on each of the newly created documents and reports
Quick Print List	Assign offender documents to case management section and tab for quick print.

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Mansfield, OH 44902
www.gostepmobile.com

Estimations

Description	Comments
Deliverable Timeline	A total of 90 days from the start date of the kickoff meeting will be needed to complete the typical documents generation. Prior to setting a cut-over date all agency documents that are necessary should be completed.
Budget Up To	\$4,000.00

Rate Schedule

Description	Rate
Application Developer 2	\$150.00

Invoice and Payment Terms

Invoices will be generated on the first of each month for all hours worked during the prior month and mailed to the following address:

Payments are due within 30 days from the invoice date and mailed to the following address:

StepMobile
Attn: David Rose
PO Box 3586
Mansfield, Ohio 44907

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Acceptance of this Proposal

Signature

Date

Print Name

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

March 24th, 2020

Medina Municipal Adult Probation Department
Matt Esterie, Chief Probation Officer
135 N. Elmwood Avenue
Medina, Ohio 44256

Re: OCSS Training and Go-Live Proposal

Matt,

I have provided this proposal for the Ohio Community Supervision System Implementation Proposal. With the acceptance of this proposal we will provide all the necessary resources to perform an in-depth analysis of your probation department's current procedures and design and implement a training plan to ensure a successful conversion to OCSS.

If you have any questions, please contact me at your earliest convenience.

Sincerely,

David M. Rose
StepMobile Inc.

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Scope of Work

Description	Comments
Kick-Off Meeting	Introductions of the OCSS Implementation team members
	Introductions of the Agency team members
	Provide Overview of Implementation Process
	Verify access to Google Drive with Agency
	Brief Overview of OCSS
	Review Data Conversion Requirements
	Documents and Reports Expectations
Agency Process Analysis	Review daily processes of one resource for each type of supervision and each clerical position within the probation department.
OCSS Administrative Review	A detail review of OCSS. This review will be separated into small sessions ranging from 30 minutes to 2 hours depending on user's schedules.
Training	Design and build training program
	Perform Training for entire department
Go-Live	On site for the day of go-live of OCSS

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Mansfield, OH 44902
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Your Responsibilities

Description	Comments
Attend Kick Off Meeting	All resources that will participate in the data conversion must be present during the meeting
Verification of Global Maintenance Data	Provide feedback on incorrect or missing global data values.
Review Agency Maintenance Data	Normalization of Agency Maintenance Data.
Review Process Analysis and build Training Plan	Participate in the review and analysis of probation department procedures and help build and structure training plan for your agency

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18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Estimations

Description	Comments																					
Deliverable Timeline	A total of 30 - 60 days from the start date of the kickoff meeting will be needed to complete the typical data conversion. After this time a conversion date to publish your data into the production database could be set. Prior to setting a conversion date all agency setup requirements and training should be completed.																					
Budget	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: center;">Quantity</th> <th style="text-align: left;">Rate</th> </tr> </thead> <tbody> <tr> <td>Kickoff Meeting 2 hours</td> <td style="text-align: center;">1</td> <td>\$500.00</td> </tr> <tr> <td>Agency Process Analysis: one hour per supervision type or clerical user</td> <td style="text-align: center;">2</td> <td>\$150.00 per hour</td> </tr> <tr> <td>OCSS Administrative Review: This typically takes between 8-12 hours depending on the number of participants. This group should be very small and only for users that make decisions for the department as a whole.</td> <td style="text-align: center;">8</td> <td>\$150.00 per hour</td> </tr> <tr> <td>Training: Max group size should be no more than 10 users. Typical range of 8 hours is sufficient for users. If users are provided computers during training to run simulations, then training time can double</td> <td style="text-align: center;">12</td> <td>\$150.00 per hour</td> </tr> <tr> <td>Go-Live Support: Small agencies can usually only need one staff member for one day. Larger agencies and depending on the area that your staff occupies could require more StepMobile staff to provide adequate support.</td> <td style="text-align: center;">1</td> <td>\$1200.00 per day per StepMobile staff member</td> </tr> <tr> <td>30 Day Warrant: After go-live StepMobile will provide support</td> <td style="text-align: center;">1</td> <td>Included</td> </tr> </tbody> </table>	Description	Quantity	Rate	Kickoff Meeting 2 hours	1	\$500.00	Agency Process Analysis: one hour per supervision type or clerical user	2	\$150.00 per hour	OCSS Administrative Review: This typically takes between 8-12 hours depending on the number of participants. This group should be very small and only for users that make decisions for the department as a whole.	8	\$150.00 per hour	Training: Max group size should be no more than 10 users. Typical range of 8 hours is sufficient for users. If users are provided computers during training to run simulations, then training time can double	12	\$150.00 per hour	Go-Live Support: Small agencies can usually only need one staff member for one day. Larger agencies and depending on the area that your staff occupies could require more StepMobile staff to provide adequate support.	1	\$1200.00 per day per StepMobile staff member	30 Day Warrant: After go-live StepMobile will provide support	1	Included
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30 Day Warrant: After go-live StepMobile will provide support	1	Included																				
Estimate	\$5,000.00																					

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Mansfield, OH 44902
www.gostepmobile.com

Travel

Description	Comments
Included Travel	A total of four trips will be included in the proposal. Kickoff meeting, Process Analysis, Training and for go-live.
Additional Travel	Additional travel is not included and will need a purchase order issued prior to on site meeting.

Rate Schedule

Description	Rate
Project Manager 2	\$150.00
Database Administrator 4	\$150.00
Application Developer 2	\$150.00

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Mansfield, OH 44902
www.gostepmobile.com

Invoice and Payment Terms

Invoices will be generated on the first of each month for all hours worked during the prior month and mailed to the following address:

Payments are due within 30 days from the invoice date and mailed to the following address:

StepMobile
Attn: David Rose
PO Box 3586
Mansfield, Ohio 44907

Acceptance of this Proposal

Signature

Date

Print Name

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44907
www.gostepmobile.com

March 24th, 2020

Medina Municipal Adult Probation Department
Matt Esterie, Chief Probation Officer
135 N. Elmwood Avenue
Medina, Ohio 44256

Re: OCSS Offender Kiosks Interface

Matt,

I have provided this proposal for the Ohio Community Supervision System Offender Self Reporting Kiosks Proposal. With the acceptance of this proposal, we will provide all the necessary features and functionality to the OCSS Kiosks with integration and management from OCSS.

If you have any questions, please contact me at your earliest convenience.

Sincerely,

David M. Rose
StepMobile Inc.

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44907
www.gostepmobile.com

Wall Mounted Kiosk with Custom Software for OCSS Integration

Description	Comments
Wall Mounted Kiosk	19" touchscreen monitor, PC w/1.6 GHz Dual-core Intel processor w/2GB RAM, WIFI, 2 external USB Ports, mounting hardware, 1-year warranty
Kiosks Installation with Setup	Delivery of the Kiosk and work with local resources to install and setup the unit. Run real-time tests after installation.

Your Responsibilities

Description	Comments
Broadband Internet Connection for Kiosks	
Provide resources for the installation of the Kiosks.	On-site support and communication with local facilities resources during installation

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44907
www.gostepmobile.com

System Cost

Description	Quantity	Price	Total
Wall Mounted Kiosk with Custom Software for OCSS Integration	1	\$3,500.00	\$3,500.00

Acceptance of this Proposal

Signature

Date

Print Name

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

March 24th, 2020

Medina Municipal Adult Probation Department
Matt Esterie, Chief Probation Officer
135 N. Elmwood Avenue
Medina, Ohio 44256

Re: OCSS Data Conversion Proposal

Matt,

I have provided this proposal for the Ohio Community Supervision System Offender Data Conversion Proposal. With the acceptance of this proposal we will provide all the necessary resources and functionality to convert your current Access database into OCSS.

If you have any questions, please contact me at your earliest convenience.

Sincerely,

Tristan D. Gardner
StepMobile Inc.

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Scope of Work

Description	Comments
Kick-Off Meeting	StepMobile: Project Manager: David Rose Technical Lead: Dan Rzeppa DBA and Developer: Walter Kucheravy
	Agency: Main Contact: Technical Resource: Data Analyst:
	OCSS Import Process Review File Definitions
	Agency Data Conversion Survey Review Data elements that Agency request to convert
	Method to provide data to StepMobile
Data Source Analysis	Analyze data files or databases provided by the Agency.
	Compare data provided by Agency Global Data Values
Data Conversion Job	Develop job to convert data to the OCSS import format

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Your Responsibilities

Description	Comments
Attend Kick-Off Meeting	All resources that will participate in the data conversion must be present during the meeting
Data Source Review	Identify the information and data elements in your existing solution that you want to convert.
Verification of Global Maintenance Data	Provide feedback on incorrect or missing global data values.
Review Agency Maintenance Data	Normalization of Agency Maintenance Data.
Provide Data	This will vary based upon resources and involvement selected from StepMobile. Courtview Data Files. We can assist in this if necessary.
Data Analysis	Reviewing Data During the conversion process After Production Run Provide responses to all exception data reports

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Estimations

Description	Comments
Deliverable Timeline	A total of 30 - 60 days from the start date of the kick-off meeting will be needed to complete the typical data conversion. After this time a conversion date to publish your data into the production database could be set. Prior to setting a conversion date all agency setup requirements and training should be completed.
Budget	Not to exceed: \$8,000.00

Rate Schedule

Description	Rate
Project Manager 2	\$150.00
Database Administrator 4	\$150.00
Application Developer 2	\$150.00

Invoice and Payment Terms

Invoices will be generated on the first of each month for all hours worked during the prior month and mailed to the following address:

Payments are due within 30 days from the invoice date and mailed to the following address:

StepMobile
Attn: David Rose
PO Box 3586
Mansfield, Ohio 44907

STEPMOBILE

18 W. Fourth Street
Mansfield, OH 44902
www.gostepmobile.com

Acceptance of this Proposal

Signature

Date

Print Name

COBRA SYSTEMS, INC

PO Box 3586
Mansfield, OH 44907

419.755.6700
fax 419.982.8185

Premium User Support Services

1. Support Hours:

- a. Monday - Friday 7:30AM - 5:30PM
- b. Emergency Support
 - i. 24 X 7 Telephone Support
 - ii. Holiday Support

2. Priority Customer Support Level

- a. Critical errors will be handled immediately. Company will process these incidents in front of all current incidents currently in the queue.

3. User Questions and Operational Support

- a. All user questions regarding operation of the software will be resolved.
- b. Questions about data and the relationship of the data to elements of the application and how it can be used.
- c. Assist with setup and data entry of software settings such as; Data Sharing, Roles and Permissions, etc.
- d. Building Data Exports within the Data Designer up to the number of hours per month as listed in clause 4.
- e. Building and designing Documents and Reports up to the number of hours per month as listed in clause 4.

4. Pricing Schedule

Up To # Users	Annual Price	Monthly Hours
25	1,575.00	2
50	3,400.00	3
100	5,500.00	4
150	7,875.00	5
150+	Call	

STEPMOBILE, LLC.

18W, Fourth Street
Mansfield, OH 44902

419.755.6700
fax 419.982.8185

Kiosk Support and Maintenance Terms

1. Support Hours:

- a. Monday - Friday 7:30AM - 5:30PM
- b. Emergency Support
 - i. 24 X 7 Telephone Support

2. Priority Customer Support Level

- a. Critical errors will be handled immediately. Company will process these incidents in front of all current incidents currently in the queue.
- b. Real-time monitoring of Kiosk status for preventative maintenance.

3. User Questions and Operational Support

- a. All user questions regarding operation of the software will be resolved.
- b. Questions about data and the relationship of the data to elements of the application to data elements in OCSS and how it can be used.
- c. Assist with setup and data entry of software settings such as; Naming, Connectivity, Status, etc.
- d. Assist with the replacement of broken or damaged hardware. Communicate with hardware vendor for replacement equipment under manufacturer warranty or purchasing new hardware for equipment out of warranty.
- e. Additional charges may apply for on-site support.

4. Application Update

- a. Continuous software update

5. Pricing Schedule

Remote Software and Hardware Support

1-2 Units

\$225.00 each per year per Kiosk

3-4 Units

\$200.00 each per year per Kiosk

5-6 Units

\$175.00 each per year per Kiosk

More than 6 units

Please call to discuss

On-site support will incur additional charges that must be approved prior to visit

(Finance use only)

RCA Number RCA 20-091-4/27
(Council use only) Finance

REQUEST FOR APPROPRIATION ADJUSTMENT

NO. 2020-007

TYPE OF ADJUSTMENT
(CHECK ONE)

ADMINISTRATIVE
FINANCE COMMITTEE
COUNCIL

X

FROM ACCOUNT NUMBER	ACCOUNT DESCRIPTION	TO ACCOUNT NUMBER	ACCOUNT DESCRIPTION	AMOUNT	TRANSFER OF EXISTING APPROPRIATION	UNAPPROPRIATED FUNDS
		104-0301-54412	Buildings & Structures	\$13,875.00		X
		104-0301-54412	Buildings & Structures	\$8,000.00		X

EXPLANATION:

Accept check #1685512 in the amount of \$13,875.00 from the Willard Stephenson Foundation.
Accept check #1228 in the amount of \$8,000.00 from Miracle League of NE Ohio for ADA complaint single vault restroom at Sam Masl.
Funds will be used to purchase and install a single vault, ADA complaint restroom at Sam Masl Park.

DEPARTMENT HEAD: [Signature]

DATE: 4/20/2020

MAYOR'S APPROVAL: (WHEN NECESSARY) [Signature] 4/20/2020

COUNCIL/COMMITTEE ACTION:

APPROVED: _____
DENIED: _____
RETURNED FOR EXPLANATION: _____
RETURNED TO USE EXISTING ACCOUNT FUNDS: _____

ORD. NO. 84-20

CLERK OF COUNCIL/DATE

ROUTING: ORIGINAL TO FINANCE
COPY TO DEPT. HEAD
COPY TO COUNCIL.



104 - 03252 - 42182
(Sam Masi - W. Stephenson Found. - Donation)

April 7, 2020

City of Medina
ATTN: Finance Department
132 N. Elmwood Ave.
Medina, OH 44256

SUBJECT: WILLARD STEPHENSON FOUNDATION CHECK FOR SAM MASI PARK

Please find enclosed our check in the amount of \$13,875.00 made payable to the "CITY OF MEDINA." This contribution was authorized by the Advisory Committee of the Willard Stephenson Foundation to be used towards the purchase and installation of a single vault, ADA compliant restroom at Sam Masi Park. This contribution was approved by the Advisory Committee in April of 2018.

The Advisory Committee is very pleased to present this check and wishes you the best of luck in the future. If you should have any questions, please do not hesitate to call me at (330)764-7263.

Sincerely,

Donald M. Miksch, CFP®
Vice President, Wealth & Investment Team Leader

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

The Huntington National Bank
COLUMBUS, OHIO

6615000651
WILLARD STEPHENSON FOUNDATION HUNTINGTON NATIONAL

CHECK NUMBER 1685512
APRIL 3, 2020

\$13,875.00

PAY EXACTLY: THIRTEEN THOUSAND EIGHT HUNDRED SEVENTY FIVE DOLLARS
NO CENTS

PAY TO THE ORDER: CITY OF MEDINA
ATTN: FINANCE DEPARTMENT
132 N ELMWOOD AVE
MEDINA OH 44256-1894

Joseph A. Zarata

⑈0001685512⑈ ⑈044000024⑈ 01892517328⑈

RECEIPT

DATE 4-13-2020

No. 680330

RECEIVED FROM WILLIAM STEPHENSON FOUNDATION

\$ 13,875⁰⁰

THIRTEEN THOUSAND EIGHT HUNDRED SEVENTY FIVE ⁰⁰/₁₀₀ DOLLARS

FOR RENT

FOR WAM MAG SINGLE BANK ADA COMPLIANT

ACCOUNT #	
PAYMENT	<u>1p85512</u>
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM _____ TO _____

BY DANIEL KINCAID

Miracle League of NE Ohio
P.O. Box 1986
Medina, OH 44258

56-55/412
21460

1228

DATE 4/13/2020

PAY TO THE ORDER OF City of Medina \$ 8000
Eight thousand & 00/100 DOLLARS

Huntington
1105 South Court Street
Medina, OH 44256

MEMO Sam Masi
Restroom



[Signature] AUTHORIZED SIGNATURE

⑈001228⑈ ⑈041200555⑈ ⑈5146006286⑈

Security features included. Details on back.

RECEIPT		DATE <u>4-17-2020</u>	No. <u>680332</u>
RECEIVED FROM <u>MIRACLE LEAGUE OF OHIO</u>		\$ <u>8,000</u>	
<u>EIGHT THOUSAND & 00/100</u>		DOLLARS	
<input type="radio"/> FOR RENT		<u>SAM MASI RESTROOM</u>	
<input type="radio"/> FOR			
ACCOUNT		<input type="radio"/> CASH	
PAYMENT <u>7320</u>		<input checked="" type="radio"/> CHECK	FROM _____ TO _____
BAL. DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	BY <u>[Signature]</u>

3-11