



**Cuyahoga County Board of Control Agenda
Monday, June 9, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:

<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 6/2/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-359

Department of Public Works, recommending an award on Purchase Order No. 25001946 with Ohio Desk Company in the amount not-to-exceed \$23,326.96 for a state contract purchase of various office furniture (lateral files, book cases, frosted markerboards), parts and labor for installation and moving of various furniture and fixtures at 1801 Superior Avenue for the Board of Elections.

Funding Source: General Fund

BC2025-360

Department of Public Works, recommending an award on RQ14807 and enter into Contract No. 5400 with High Access LLC (20-4) in the amount not-to-exceed \$568,158.00 for window washing services at various County Buildings, effective upon signatures of all parties for a period of 3 years.

Funding Source: General Fund

BC2025-361

Fiscal Office, submitting an amendment to Contract No. 3095 with Mid-west Presort Mailing Services, Inc. dba Midwest Direct for the printing and mailing of real property tax bills in accordance with Ohio Revised Code Section 323.08 for the period 2/13/2023 - 10/31/2025 to extend the time period to 10/31/2027, to add Scheule A - Summary of Project and Fees, update the insurance requirements in accordance with Schedule B and for additional funds in the amount not-to-exceed \$206,720.00, effective upon signatures of all parties; for the following:

- a) first, second and third mailings of tax years 2025 paid in 2026;
- b) first, second and third mailings for tax years 2026 paid in 2027.

Funding Source: General Fund

BC2025-362

Fiscal Office, submitting an amendment to Contract No. 5430 (fka Contract Nos. 625 and CE1800358) with Direct Travel, Inc. for travel management services for the period 10/2/2017 – 1/5/2025 to extend the time period to 1/5/2027, to define the agreed upon rates (Exhibit A) to be charged per transaction, to add a one-time fee of \$2,500.00 for an online booking tool; to replace the insurance requirements in accordance with Schedule A and to add Article 18. Security – Schedule B, effective 1/6/2025.

Funding Source: General Fund

BC2025-363

Fiscal Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Stifel, Nicolaus & Company, Incorporated in the amount not-to-exceed \$450,000.00 for municipal and financial advisory services for the period 8/1/2025 - 6/30/2028.
- b) Recommending an award and enter into Contract No. 5442 with Stifel, Nicolaus & Company Incorporated in the amount not-to-exceed \$450,000.00 for municipal and financial advisory services for the period 8/1/2025 - 6/30/2028.

Funding Source: General Fund

BC2025-364

Department of Information Technology, recommending an award on Purchase Order No. 25002190 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,576.00 for a joint cooperative purchase for the annual renewal of subscription services to Gurock TestRail Cloud for the period 2/22/2026 – 2/21/2027.

Funding Source: Real Estate Assessment Fund

BC2025-365

Department of Information Technology, submitting an amendment to Contract No. 5435 (fka Contract No. 1431) with Brown Enterprise Solutions for purchase and renewal of various Tableau licenses and products for the period 5/26/2021 – 5/25/2025 to extend the time period to 5/25/2026, to replace the insurance requirements, as outlined in Schedule B, and for additional funds in the amount not-to-exceed \$105,971.00.

Funding Source: 75% Health & Human Services Fund and 25% General Fund

BC2025-366

Sheriff's Department, recommending an award and enter into Purchase Order No. 25002031 with J&N Tactical in the amount not-to-exceed \$26,250.00 for a sole source purchase of a DRACO Gas Delivery System (GDS) and tubing designed for use in conjunction with the Sheriff's SWAT Rescue Vehicle and on-site training.

Funding Source: Federal Equitable Sharing Account

BC2025-367

Sheriff's Department, recommending an award on RQ15731 and enter into Purchase Order No. 25002208 with MNJ Technologies Direct, Inc. (17-4) in the amount not-to-exceed \$71,298.00 for the purchase and replacement of (17) Mobile Data Terminals, each to include a keyboard and a 2 year extended service agreement for Law Enforcement.

Funding Source: FY2024 Edward Byrne Memorial Justice Assistance Grant

BC2025-368

Sheriff's Department, recommending an award and enter into Agreement No. 5413 with Cleveland State University in the amount not-to-exceed \$199,990.00 for outcome evaluation, training and technical assistance on how to conduct Risk Terrain Modeling (RTM) and other place-based analyses associated with carjackings effective upon signatures of all parties through 9/30/2027.

Funding Source: United States Department of Justice, Bureau of Justice Assistance Grant

BC2025-369

Medical Examiner's Office, recommending an award and enter into a Participating Addendum (via Contract No. 5414) with Fisher Scientific Company, LLC in the amount not-to-exceed \$750,000.00 for a joint cooperative purchase of various laboratory equipment and supplies, effective upon signatures of all parties through 2/28/2029.

Funding Source: General Fund

BC2025-370

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3157 (formerly Contract Nos. 956 and 1465) with US Together, Inc. for interpretation and translation services for various County agencies for the period 3/1/2021 – 6/30/2025 to extend the time period to 12/31/2025 and for additional funds in the amount not-to-exceed \$545,000.00, effective 7/1/2025.

Funding Source: 98.35% Federal Temporary Assistance for Needy Families (TANF); .18% Real Estate Assessment Funds - Board of Revision; .92% Levy Funds - Witness/Victim Services; and .55% General Fund - Fiscal/Treasurer/Consumer Affairs

BC2025-371

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into Contract No. 5422 with Playhouse Square Hotel, LLC dba Crowne Plaza Cleveland at Playhouse Square (106/4) in the amount not-to-exceed \$17,677.44 for room rental, catering and audio/visual services in connection with the Annual Fatherhood Conference to be held on 6/13/2025.

Funding Source: 76% Grant funds/Donation \$6,000.00 Dollar Bank; \$5,000.00 Cleveland Foundation; \$2,000.00 CareSource; \$500.00 Meijer Corp. and 24% Health and Human Services Levy Funds \$4,177.44

BC2025-372

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a master contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the total amount not-to-exceed \$425,000.00, with the following providers effective upon signatures of all parties:

a) For additional funds:

- 1) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services in the anticipated amount of \$100,000.00.
- 2) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the anticipated amount of \$300,000.00.
- 3) Contract No. 4798 (fka Contract No. 3749) with Blue Heron holdings, LLC for Laundry services in the anticipated amount of \$25,000.00.

b) For no additional funds:

- 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- 2) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- 3) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- 4) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- 5) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- 6) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care Services.
- 7) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- 8) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- 9) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services.
- 10) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.
- 11) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 12) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- 13) Contract No. 3779 with ABC International Services, Inc., for Chore and Grab Bar services.
- 14) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home & Care Staffing for Homemaker and Personal Care services.
- 15) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.

- 16) Contract No. 3789 with Caring Hearts Health Services, LLC for Homemaker, Personal Care, Chore and Laundry services.
- 17) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- 18) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care Services.
- 19) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- 20) Contract No. 4958 (fka Contract No. 3776) with Axxess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services.

Funding Source: Health and Human Services Levy Fund

BC2025-373

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a Master Contract with various providers for operating support of Department of Housing and Urban Development (HUD) approved permanent housing services for the period 7/1/2024 – 6/30/2026, to correct the enumeration and add language to Section 1.6, to add Exhibit II(A)-1 representing the budget for the period 4/1/2025 – 6/30/2026 and for additional funds in the total amount not-to-exceed \$199,145.00, effective upon signatures of all parties.

a) For additional funds:

- 1) Contract No. 4700 with Emerald Development and Economic Network, Inc. in the amount not-to-exceed \$199,145.00.

b) No additional funds:

- 1) Contract No. 4701 with Famicos Foundation.
- 2) Contract No. 4702 with Front Steps Housing & Services, Inc.
- 3) Contract No. 4703 with Humility of Mary Housing, Inc.
- 4) Contract No. 4704 with Mental Health Services for Homeless Persons, Inc. dba Frontline Services.
- 5) Contract No. 4705 with The Young Women's Christian Association of Greater Cleveland, Ohio-YWCA Cogswell Hall.
- 6) Contract No. 4706 with The Young Women's Christian Association of Greater Cleveland, Ohio-YWCA Independence Place

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2025-374

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process, which will result in an award recommendation to a single provider Youth Opportunities Unlimited in the total amount not-to-exceed \$6,475,025.00 for the Comprehensive Case Management and Employment Program – Employment, Education and Training Services for young adults for the period 7/1/2025 – 6/30/2027 based on a Request for Proposals conducted by The Cleveland-Cuyahoga County Workforce Development Board now known as Greater Cleveland Works.

Funding Source: 62% \$4,000,000.00 Temporary Assistance to Needy Families (TANF) and 38% \$2,475,025.00 Federal Workforce Innovation and Opportunity Act (WIOA).

D. – Consent Agenda

BC2025-375

Department of Purchasing on behalf of the Veterans Service Commission recommending to declare various office furniture/fixtures that have no value as surplus County-owned property no longer needed for public use; recommending to discard the surplus property in accordance with E02012-0001.

Funding Source: n/a

BC2025-376

Department of Information Technology, on behalf of Department of Health and Human Services/Cuyahoga Job and Family Services recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of May 2025 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2025-377

Fiscal Department, presenting proposed travel/membership requests for the week of 6/9/2025:

Medical Examiner's Office, recommending to Amend Board Approval No. BC2025-325, dated 5/12/2025, which authorized (1) staff to attend the 35th Annual CLIC Technical Training Seminar sponsored by Clandestine Laboratory Investigating Chemists Association on 10/18/2025 – 10/25/2025, to increase the expenses from \$3,605.41 to \$3,662.41 as follows:

Dept:	Medical Examiner's Office							
Event:	35 th Annual CLIC Technical Seminar							
Source:	Clandestine Laboratory Investigation Chemist Association							
Location:	Sydney, Australia							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shaena Taylor	10/18/2025- 10/25/2025	\$165.00	\$212.00 \$269.00	\$1,125.00	\$281.00	\$1,822.41	\$3,605.41 \$3,662.41	Coroner Lab Fund to be reimbursed by Grant funds

*Paid to host

**Staff reimbursement

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

Purpose:

The annual CLIC seminar is known for highly specialized training programs on topics related to clandestine laboratory investigations, forensic chemistry, analytical techniques, and safety programs. The seminar also provides an opportunity to meet other forensic chemists specializing in clandestine laboratory investigations. The type of training offered at a CLIC seminar is unique because of its emphasis on clandestine drug laboratory investigations, analyses, and chemistry. I (Shaena Taylor) am not only presenting at the training seminar this year but am also on the Board of Directors as the Treasurer.

Dept:	Treasurer’s Office							
Event:	6 th Annual Michigan Institutional Forum							
Source:	Market Group							
Location:	Detroit, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Eileen Egan	6/2/2025-6/3/2025	\$0.00	\$56.00	\$325.00	\$239.40	\$0.00	\$620.40	General Fund
Jed Strohm	6/2/2025-6/3/2025	\$0.00	\$56.00	\$325.00	\$0.00	\$0.00	\$381.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attend and speak at the 6th Annual Michigan Institutional Forum. The Michigan Institutional Forum wants to expand their regional investment advisor panel to outside government agencies to discuss investments opportunities, market trends and macroeconomics effecting investment decisions.

Dept:	Sheriff's Department
Event:	National Law Enforcement Partner Conference
Source:	Office Partner Engagement
Location:	Orlando, FL

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harold Pretel	6/2/2025-6/5/2025	\$0.00	\$180.00	\$480.00	\$200.00	\$450.00	\$1,310.00	Federal Bureau of Investigations

*Paid to host

**Staff reimbursement

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

Purpose:

To attend the FBI-OPE Conference to provide an opportunity for the FBI to engage with small and medium-sized law enforcement agencies.

Dept:	Department of Public Safety and Justice Services							
Event:	FY25 Emergency Preparedness & Resilience							
Source:	Institute for Security Governance (US DOD)							
Location:	Bucharest, Romania							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kevin Friis	6/21/2025-6/26/2025	\$0.00	\$600.00	\$708.00	\$222.00	\$3,427.61	\$4,957.61	United States Army Corps of Engineers, Department of Defense

*Paid to host

**Staff reimbursement

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

All costs will be paid directly by the federal government.

Purpose:

Travel to Romania to evaluate a Mass Casualty Exercise hosted by US Department of Defense institute for Security Governance. Travel Expenses authorized through the US Department of Defense/ Army Corps of Engineers.

Dept:	Department of Public Safety and Justice Services
Event:	National Homeland Security Conference
Source:	National Homeland Security Association

Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Serena Steele	8/24/2025-8/28/2025	\$775.00	\$256.00	\$918.32	\$471.85	\$270.00	\$2,691.17	97% FY2023 Urban Area Security Initiative Grant Fund and 3% General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The National Homeland Security Conference brings together professionals in Homeland Security, Law Enforcement, Fire, Emergency Management and Grants Management. They include officials in federal agencies, nonprofit agencies, business owners, universities, and decision makers to learn about emerging trends in homeland security, including grants administration, program management and best practices. There will be training sessions as well as roundtables to discuss current issues.

BC2025-378

Department of Purchasing, presenting proposed purchases for the week of 6/9/2025:

Direct Open Market Purchases
(Purchases between \$10,000.01 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002209	(1) 2025 Chevrolet Colorado 4WD LT Vehicle	Sheriff's Department	Dave Hallman Chevrolet, Inc	\$37,490.00	Regional Enterprise Data Sharing System (REDSS) Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works/Division of Public Utilities, submitting a Memorandum of Agreement with Growth Opportunity Partners, Inc. to define the terms and requirements to receive a funding allocation in the amount of \$250,000.00 for electrical and structural analysis by Richard L. Bowen & Associates of

all four participating school buildings in the Solar for Schools Program, Max Hayes, Maple Heights, Shaw (East Cleveland) and Euclid High Schools, effective upon signatures of all parties.

Funding Source: Growth Opportunity Partners, Inc.

Item No. 2

Contracts \$0.00 - \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 28400 (Buyspeed)	5172 (fka 1308)	Pro-Tech Systems Group	for maintenance, upgrades and support services for the Supervisory Control and Data Acquisition (SCADA) System	\$0.00	Department of Public Works	8/1/2014-7/31/2025 to extend the time period to 7/31/2027	(Original) Sewer District Revenue Fund	(Executive) 5/30/2025 (Law) 5/29/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0333	Resurfacing of Brainard Road from Chagrin Boulevard to Melbourne Road and from Chagrin Boulevard to Village Square South Drive in the Village of Woodmere -Council District 9	\$520,000.00		\$250,000.00 County Road and Bridge Funds \$270,000.00 Village of Woodmere	(Executive) 6/4/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, June 2, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:02 a.m.

Attending:

Erik Janas, Chief of Staff (Alternate for Chris Ronayne, County Executive) @ 11:05 a.m.

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Paul Porter, Director, Department of Purchasing

Levine Ross, County Council (Alternate for Meredith Turner)

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 5/27/2025

Michael Chambers motioned to approve the minutes from the May 27, 2025, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-352

Department of Public Works,

- a) Requesting authority to apply for and accept grant funds from Ohio Department of Transportation, Office of Aviation in the amount not-to-exceed \$466,663.00 for the Apron Rehabilitation Phase 3 Project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2025 Ohio Airport Improvement Grant Program.
- b) Submitting a grant agreement with Ohio Department of Transportation, Office of Aviation in the amount not-to-exceed \$466,663.00 for the Apron Rehabilitation Phase 3 Project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2025 Ohio Airport Improvement Grant Program.

Funding Source: 95% (\$443,330.00) Ohio Department of Transportation, Office of Aviation and 5% (\$23,333.00) Cash Match - Capital Improvement Project Fund

John Myers, Department of Department of Public Works, presented. Robert Schleper asked is this something we're doing semi-annual or on as needed type basis (five years type thing). Erik Janas missed this item and wanted to add his affirmative support for this item. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-352 was approved by unanimous vote.

BC2025-353

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Top Golf USA, Inc. dba Topgolf USA CL, LLC in the amount not-to-exceed \$25,000.00 for rental of space, buffet, (4) hours of Golf Play, (3) hours of Topgolf Coaching for all guests, and related services in connection with the 2025 Foster Parent Night Out, 5820 Rockside Woods Boulevard North, Independence, to be held on 6/7/2025.
- b) Recommending an award and enter into Contract No. 5451 with Top Golf USA, Inc. dba Topgolf USA CL, LLC in the amount not-to-exceed \$25,000.00 for rental of space, buffet, (4) hours of Golf Play, (3) hours of Topgolf Coaching for all guests, and related services in connection with the 2025 Foster Parent Night Out, 5820 Rockside Woods Boulevard North, Independence, to be held on 6/7/2025.

Funding Source: ~~66%~~ 65% Health and Human Services Levy Fund and ~~34~~ 35% Title IV-E Fund

Marcos Cortes, Department of Health and Human Services, presented. Michael Houser commented that this sounds like a great event; asked how many people overall we expect to attend for this \$25,000.00. Levine Ross asked do you know the amount we paid last year; Michael Chambers asked do you know how many attended last year's event. Levine Ross noted that the backup material indicates the capacity as 120 but doesn't know if this is for the location or how many people they would be able to provide services for. The Presenter will follow up on last year's event details. Michael Chambers motioned to approve the item as amended; Levine Ross seconded. Item BC2025-353 was approved by unanimous vote as amended.

BC2025-354

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award and enter into Contract No. 5277 with Cuyahoga Community College District (31-2) in the amount not-to-exceed \$24,015.00 for rental of space, audio visual, catering and related services for the 2025 Aging and Disability Summit to be held at the Corporate College Conference Center, located at 4400 Richmond Road, Warrensville Heights, OH 44128 on 9/19/2025, effective upon signatures of all parties through 10/31/2025.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-354 was approved by unanimous vote.

BC2025-355

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4498 with Family Promise of Greater Cleveland to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025 to extend the time period to 5/31/2026, to add Exhibit II-A representing the budget for the amendment term, effective 6/1/2025 and for additional funds in the amount not-to-exceed \$155,643.00.

Funding Source: 64.2% - Health & Human Services Levy Funds and 35.8% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-355 was approved by unanimous vote.

BC2025-356

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4500 with The Salvation Army to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025 to extend the time period to 5/31/2026, to add Exhibit I-A representing the budget for the amendment term, effective 6/1/2025 and for additional funds in the amount not-to-exceed \$374,731.00.

Funding Source: 53.4% Health and Human Services Levy Fund and 46.6% US Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2025-356 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-357 through BC2025-358; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-357

Fiscal Department, presenting proposed travel/membership requests for the week of 6/2/2025:

Sheriff's Department, recommending to Amend Board Approval No. BC2025-271, dated 4/21/2025, which authorized (1) staff to attend the 34th Annual INIA Drug/Terrorist Interdiction Training Conference sponsored by International Narcotics Interdiction Association on 4/27/2025-5/1/2025, to increase the expenses from \$1,542.00 to \$1,866.25:

Dept:	Sheriff's Department							
Event:	34 th Annual INIA Drug/Terrorist Interdiction Training Conference							
Source:	International Narcotics Interdiction Association							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Anthony Quirino	4/27/2025-5/1/2025	\$450.00	\$300.00 \$170.65	\$792.00 \$929.80	\$0.00 \$315.80	\$0.00	\$1,542.00 \$1,866.25	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Drug and Terrorist interdiction that provides numerous trainings directly related to my position as a K9 Handler, which include but not limited to search warrants, asset forfeiture, freight and parcel interdiction, bulk cash investigations, etc. Many of these topics are directly related to my day-to-day functions and investigations and will provide me with the current trends and changes within the laws and provide an up to date understanding of the newest trends.

Dept:	Department of Development							
Event:	NACCED Summer Meeting							
Source:	National Association of Counties (NACo)							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	7/9/2025-7/11/2025	\$0.00	\$0.00	\$435.66	\$0.00	\$0.00	\$435.66	General Fund

*Paid to host

**Staff reimbursement

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Purpose:

Attend the National Association for County Community and Economic Development Summer Meeting which includes strategic planning for the future direction of county level community and economic development. He will also be attending the National Association of Counties Community, Economic, and Workforce Development Policy Steering Committee meeting which includes discussion of current federal economic development and workforce policy, program, and funding updates.

Dept:	Public Defender's Office							
Event:	NAPD Team Mitigation							
Source:	National Association for Public Defense Team Mitigation Institute							
Location:	New York, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kenyatta Johnson	8/12/2025-8/15/2025	\$675.00	\$240.00	\$832.38	\$400.00	\$500.00	\$2,647.38	General Fund 93% reimbursed by Office of the Ohio Public Defender
Zachary Moore	8/12/2025-8/15/2025	\$675.00	\$240.00	\$832.38	\$400.00	\$500.00	\$2,647.38	General Fund 93% reimbursed by Office of the Ohio Public Defender
Annie Michaelson	8/12/2025-8/15/2025	\$675.00	\$240.00	\$832.38	\$400.00	\$500.00	\$2,647.38	General Fund 93% reimbursed by Office of the Ohio Public Defender
Anna Rubertino	8/12/2025-8/15/2025	\$675.00	\$240.00	\$832.38	\$400.00	\$500.00	\$2,647.38	General Fund 93% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

The National Association for Public Defense (NAPD)'s Team Mitigation Institute is an intensive bring-your-own-case training designed for defense teams to work on the mitigation for a non-capital client. The institute is a mix of presentations followed by small group work facilitated by experienced faculty.

Dept:	Sheriff's Department							
Event:	National Command Staff College Leadership Training							
Source:	St. Charles Parish Sheriff Dept							
Location:	St. Charles Parish Louisiana							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	6/10/2025-6/19/2025	\$1,700.00	\$500.00	\$1,600.00	\$957.00	\$400.00	\$5,157.00	Continued Professional Training Fund
James Mackey	6/10/2025-6/19/2025	\$1,700.00	\$550.00	\$1,760.00	\$0.00	\$0.00	\$4,010.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

**** Chris Kozub is flying to the destination and renting a vehicle for the training.

**** James Mackey is driving a Sheriffs vehicle so there is no mileage or airfare listed

Purpose:

To attend leadership training presented by the National Command Staff College, with the ability to excel in today's high pressure, unpredictable public safety world. By combining evidence-based strategies with practical application. The Map, is a seven-day program that provides a guiding path to elevate participants from GREAT to MAGNUS.

Dept:	Sheriff's Department							
Event:	NSA 2025 Annual Conference							
Source:	National Sheriff's Association							
Location:	Ft. Lauderdale, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Richard Peters	6/22/2025-6/26/2025	\$630.00	\$272.00	\$1,400.00	\$300.00	\$400.00	\$3,002.00	Continued Professional Training Fund
Alfred Johnson	6/22/2025-6/26/2025	\$630.00	\$272.00	\$1,400.00	\$300.00	\$400.00	\$3,002.00	Continued Professional

								Training Fund
Aaron Reese	6/22/2025-6/26/2025	\$630.00	\$272.00	\$1,400.00	\$300.00	\$400.00	\$3,002.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

This year's conference is the traditional four-day agenda. Set aside Sunday, June 22nd, as an NSA pre-conference workday with many committee meetings scheduled. Education and engagement take center stage at the 2025 NSA Annual conference, offering attendees a wealth of seminars and training opportunities led by industry leaders and law enforcement professionals. Each day features multiple concurrent sessions organized into 13 subject tracks, ensuring content that is both relevant and impactful.

BC2025-358

Department of Purchasing, presenting proposed purchases for the week of 6/2/2025:

Direct Open Market Purchases
(Purchases between \$10,000.01 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002048	Various Peterbilt Parts and Services	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	Not-to-exceed \$25,000.00	60% Road and Bridge Fund and 40% Sanitary Sewer Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting a subgrant award agreement from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount not-to-exceed \$103,371.70 for personnel costs associated with a Cuyahoga County Sheriff's Department (CCSD) Deputy assigned to the Ohio Organized Crime Investigations Commission (OOCIC) Task Force in connection with Recovery Ohio Major Drug Interdiction 2025 Grant Program for the period 1/1/2025 – 12/31/2025.

Funding Source: Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS) Fund

Item No. 2

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 4/1/2025 – 4/30/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “6/2/2025 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:13 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-359

Title	Public Works - Ohio Desk – Purchase Order – 1801 BOE – Miscellaneous Office Materials
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25001946	Ohio Desk	NA	\$23,326.96	Pending	Pending

Service/Item Description (include quantity if applicable).

Public Works is requesting approval of PO 25001946 – to purchase miscellaneous office and furniture materials for the Board of Elections.

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

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

Project Goals, Outcomes or Purpose (list 3):

The BOE is requesting these additional office and furniture materials for the 1801 property. This will ensure adequate work environments for the Board of Elections work areas.

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

Vendor Name and address:	Owner, executive director, other (specify):
Ohio Desk 1122 Prospect Ave. Cleveland, OH 44115	Jessica Mullen / Workplace Consultant

Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 – 54300 – UCFAC51003
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-360

Title	Public Works/ High Access LLC /Contract / Window Washing for County Buildings
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Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	CM5400	High Access LLC	effective upon signatures of all parties for 3 years	\$568,198.00	Pending	Pending
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Service/Item Description (include quantity if applicable).

Public Works is requesting approval of a contract, per the chart above, for window washing services for County buildings.

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

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

Project Goals, Outcomes or Purpose (list 3):

The goal is to secure a window washing company to wash County building windows on an as-needed basis.

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

Vendor Name and address: High Access, LLC PO Box 347154 Cleveland, Ohio 44134-7154	Owner, executive director, other (specify): Curtis Cunningham, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ n/a _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 84 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE (10) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. Informal Bid If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? This was an RFP and High Access was the highest scoring vendor.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Funds – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 / 55220
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline

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

HISTORY (see instructions):

BC2025-361

Title	Midwest Presort Mailing Services, Inc/Tax Bill printing and mailing		
Department or Agency Name	Fiscal Department		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3095	Midwest Presort Mailing Services, Inc.	2/13/23- 10/31/25	\$226,409.00	2/13/23	BC2023-80
A	3095	Mid-west Presort Mailing Services, Inc.	11/1/25- 10/31/27	\$206,720.00	Pending	Pending

Service/Item Description (include quantity if applicable). This is a contract for the printing and mailing of property tax bills
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Print and mail tax bills prior to collections Print and mail delinquent tax bills for third billing collections

Ensure bills are mailed prior to collection dates to remain in compliance with ORC

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

Vendor Name and address:	Owner, executive director, other (specify):
Midwest Presort Mailing Services inc.	Gary Close Customer service Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-362

Title	Fiscal Department County Travel Agency
Department or Agency Name	Fiscal Department

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	625		10/02/2017 – 09/30/2018	\$0	10/02/2017	BC2017-703
A-1	625		12/31/2018	\$0	09/24/2018	BC2018-658
A-2	625		12/31/2019	\$0	01/14/2019	BC2019-48
A-3	625		12/31/2020	\$0	01/06/2020	BC2020-15
A-4	625		12/31/2022	\$0	03/29/2021	BC2021-150
A-5	625		12/31/2024	\$0	01/30/2023	BC2023-63
A-6	5430	Direct Travel, Inc.	12/31/2026	\$2,500.00	Pending	Pending

Service/Item Description (include quantity if applicable). This contract amendment is to extend the agreement with Direct Travel, Inc. to 12/31/2026 for travel booking services of County employees using air travel and hotels. This amendment will add an online booking tool to allow County personnel to book flights and hotels online. The online booking tool also allows for more in-depth and detailed reporting. There is a one-time setup fee of \$1,500 for Concur (online booking platform) and a one-time set-up fee of \$1,000 for Conferma (virtual payment card program). Additionally the Law Department updated the insurance requirements for this amendment.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Online booking of air travel and hotels. Increased efficiency. More in-depth reporting.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Direct Travel, Inc. 25000 Country Club Blvd Ste 170 North Olmsted, OH 44070	Karie Mayornick Global Account Manager
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. There is an existing agreement with Direct Travel, Inc. that has functioned well to date. Extending the contract prevents any disruptions with County travel and allows us to add the online booking tool. This added feature will increase efficiency and streamline the travel process. The online booking tool also allows for more detailed reporting, tracking, and reconciliation. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) AMND <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 5/8/2025
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.	

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The initial proposed platform launch was delayed with no estimated time frame for implementation. We then requested a demo of the new platform for the department and IT to evaluate. The platform then needed to pass the IT security requirements and be approved by TAC. In addition to the platform switch, there were issues with getting the appropriate insurance documents for Law’s approval.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	08/28/2024
Date documents were requested from vendor:	08/28/2024
Date of insurance approval from risk manager:	02/28/2025
Date Department of Law approved Contract:	03/04/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: No infor issues	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) The vendor has continued to provide services to prevent disruption when employees travel for County business.	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) The vendor has not discontinued services.	

HISTORY (see instructions): see chart above

BC2025-363

Title	Stifel, Nicolaus & Company Inc./ Contract/ Financial Advisory Services
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Department or Agency Name	Fiscal Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5442	Stifel Nicolaus & Company Inc	8/1/25- 6/30/28	\$450,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). This is an agreement for Financial Advisory services. The vendor assists with budget and financial planning, the impact on the County's financial status and review and provide advice on any debt or financing ideas.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Provide updates on debt obligation Review and provide advice on any proposals received from the financial community Assist with filing County continuing disclosure information

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Stifel, Nicolaus & Company, Inc. 200 Public Square Ste 2955 Cleveland, Ohio 44114	Robert Franz Managing Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. We are in the process of bond deals and switching a vendor would delay the process.

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE17001401-01	Stifel Nicolaus & Company Inc	8/1/17-7/31/18	\$290,000.00	7/31/17	BC2017-559
A-1	CE1700401		7/31/19	\$90,000.00	6/25/18	BC2018-394
A-2	CE1700401		7/31/20	\$90,000.00	7/29/19	BC2019-557
A-3	CE1700401		7/31/22	\$180,000.00	5/26/20	BC2020-291
A-4	474		7/31/25	\$495,000.00	5/9/22	BC2022-284

BC2025-364

Title	PO25002190JCOP- 2025- Procurement of TestRail Cloud Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25002190 JCOP	MNJ Technologies Direct	2025 (41-60 Users)	\$21,576.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology intends to contract with MNJ Technologies Direct for the procurement of TestRail Cloud 41-60 users Subscription, in the amount of \$21,576.00.</p> <p>TestRail Cloud subscription is used for test case management in software development and quality assurance. It helps teams manage, track, and organize software testing efforts.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Procurement of TestRail Cloud 41-60 users subscription</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct 1025 Busch Parkway, Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>MNJ Technologies Direct is able to provide Cuyahoga County with Contract pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase.</p> <p>NCPA-01-148 Expires on 11.30.2025</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p> <p>NCPA-01-148 Expires on 11.30.2025</p>

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Real Estate Assessment Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS305100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004129	MNJ Technologies Direct	41-60 Users	\$20,940.00	10.15.2024	BC2024-750

BC2025-365

Title	Tableau Software Licenses	
Department or Agency Name	Department of Information Technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM5435 (fka 1431)	Brown Enterprise Solutions, LLC	5/26/2021-5/25/2022	\$88,866.00	06/01/2021	BC2021-255
1 st Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions, LLC	05/26/2022 - 05/25/2023	\$84,555.16	03/28/2022	BC2022-185
2 nd Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions, LLC	05/26/2023-05/25/2024	\$84,626.50	04/17/2023	BC2023-225
3 rd Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions, LLC	05/26/2024 – 05/25/2025	\$95,500.25	05/20/2024	BC2024-376
4 th Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions, LLC	05/26/2025 – 05/25/2026	\$105,971.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to amend Contract No. 5435 (fka 1431) with Brown Enterprise Solutions, LLC., to extend the time period to May 25, 2026 for Tableau Software Licenses in the amount of \$105,971.00.</p> <p>Qty. 01 Tableau 8 Core Base Server 200001798 Qty. 16 Tableau Creator Server 200001773 Qty. 05 Tableau Cloud Creator 200001770 Qty. 93 Tableau Cloud Viewer 200001772</p> <p>This is a 4th amendment.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): Tableau is a software platform primarily used for data visualization and business intelligence (BI). It allows users to analyze and display operational and program data, create interactive reports and dashboards, and share insights across County agencies. It provides a visual interface for exploring and understanding data from various sources.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Brown Enterprise Solutions, LLC 5935 Wilcox Place, Suite E Dublin, Ohio 43016	George Brown, Owner Doreen Needham, Sr. Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process. This is an amendment to an already approved contract. Initial procurement was through award on formal bid RQ#5585; BC2021-255 on 6/1/2021. Subsequent 1st amendment was approved BC2022-185, 2nd</p>
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	amendment was approved BC2023-225, and third amendment was approved BC2024-376. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 75% Health & Human Services Fund, 25% General Fund				
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):				
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.				
IT100110	55120	\$21,903.00	21%	General Fund
HS260110	55130	\$79,530.00	75%	Health & Human Services Levy Fund
SH100140	54300	\$3,639.00	3%	General Fund

HR100100	52600	\$899.00	1%	General Fund
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):				

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The negotiations surrounding the certificate of insurance and required endorsements took longer than expected with the vendor. The correct COI was received from the vendor and approved by Risk on 05/15/2025 and was approved overall by Legal on the same day.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	03/26/2025
Date documents were requested from vendor:	03/26/2025
Date of insurance approval from risk manager:	05/15/2025
Date Department of Law approved Contract:	05/15/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Services will begin on May 25.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-366

Title	25002031 SOLC, J&N Tactical, DRACO Gas Delivery System	
Department or Agency Name	Sheriff	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002031 SOLC	J&N Tactical		\$26,250.00	Pending	Pending

Service/Item Description (include quantity if applicable). The DRACO Gas Delivery System (GDS) is a piece of equipment specifically designed to be used in conjunction with the Sheriff's SWAT Rescue Vehicle.

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The DRACO Gas Delivery System (GDS) is a piece of equipment specifically designed to be used in conjunction with the Sheriff's SWAT Rescue Vehicle that allows tactical team members to forcibly create openings in a structure and introduce Noise Flash Diversionary Devices (NFDD's) and chemicals safely into that structure to enable tactical team members the ability to effectively distract or overwhelm suspects and assist in rescue of victims in harm's way.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
J&N Tactical 10915 Oliver Ave NW South Haven, MN 55382	Jeff Herr, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (0). Event 6437

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal Equitable Sharing Account
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH285180
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2025-367

Title	25002208 RFB/MNJ Technologies Direct, Inc/Mobile Data Terminals (MDTs)
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002208 RFB	MNJ Technologies Direct, Inc		\$71,298.00	Pending	Pending

Service/Item Description (include quantity if applicable).
Seventeen (17) Mobile Data Terminals for use in Deputy Cars.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☒ Replacement
Age of items being replaced: 7yrs old How will replaced items be disposed of? Hand drives will be burned

Project Goals, Outcomes or Purpose (list 3):
Replace outdated Mobile Data Terminals used by Law Enforcement.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Brian Pletsch, Director of Sales Operations
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _15731_____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$71,298.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 17 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Low Bid: \$71,298.00 High Bid: \$80,682.00	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 5/22/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FY24 Edward Byrne Memorial Justice Assistance Grant
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH285125
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-368

Title	Sheriff's Department / Cleveland State University / Contract / RQ #none / 3 year contract for evaluation related to the Cuyahoga County Response to Carjacking Initiative
Department or Agency Name	Sheriff's Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5413	Cleveland State University	UPON SIGNATURE – 9/30/2027	\$199,990.00	Pending	Pending

Service/Item Description (include quantity if applicable). Sheriff's Department is requesting approval of a contract, per the chart above, to secure a 3 year contract for Cleveland State University to perform research and training services related to the U.S. Department of Justice (DOJ) Bureau of Justice Assistance (BJA) grant funded project "Cuyahoga County Response to Carjacking Initiative".
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Conduct a process and outcome evaluation. Provide training and technical assistance to the CCSD on how to conduct Risk Terrain Modeling (RTM) and other place-based analyses linking location incidents, recovery locations, and suspect information associated with carjacking incidents. Disseminate research and other related activities developed as part of this award (e.g. publications, presentations, briefs, reports, etc..

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Cleveland State University 2121 Euclid Avenue Cleveland, Ohio 44115-2214	Owner, executive director, other (specify): Mary Therese Kocavar Director, Sponsored Programs
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Cleveland State University, through the Cleveland State University Criminology Research Center is a named subrecipient to carry out a part of a Federal award to Cuyahoga County. *See Justification for additional information.
The total value of the solicitation: \$199,990.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 0 / 0	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. United States Department of Justice, Bureau of Justice Assistance (100%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Annually as referenced in the contract

Provide status of project. Planning phase (months 1-6)	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The federal award to Cuyahoga County was made December 6, 2024, and federal approval to obligate funds was not received until March 13, 2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	August 2, 2024
Date documents were requested from vendor:	March 5, 2025
Date of insurance approval from risk manager:	March 12, 2025
Date Department of Law approved Contract:	March 26, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Researcher Rachel Lovell has attended monthly meetings regarding planning phase, but services have not begun.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-369

Title	CM#5414 Cuyahoga County Participating Addendum for Laboratory Equipment and Supplies with Fisher Scientific Company LLC NTE \$750,000.00 Execution thru 2/28/2029.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM#5414	Fisher Scientific Company LLC	Execution – 2/28/2029	\$750,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Laboratory Supplies for Medical Examiner's Office Laboratories, Cuyahoga County Regional Forensic Science Laboratory (CCRFSL)
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Expedited order processing Bulk purchasing State term pricing	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Fisher Scientific Company LLC 300 Industry Dr Pittsburg, PA 15275	Marc Casper -President & CEO Regina Baker- Sales Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Requesting a Participating Addendum for Cuyahoga County with Fisher Scientific for bulk purchasing at State term pricing. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100100 and ME100105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-370

Title	HHS-Cuyahoga Job and Family Services; Contract Amendment; US Together, Inc - Interpretation Translation Services for time period 7/1/2025-12/31/2025.
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1465	US Together, Inc.	3/1/2021- 2/28/2023	\$1,200,000.00	3/23/2021	R2021-0070
A-1	3157 (Copy of 1465)	US Together, Inc.	3/1/2023- 2/29/2024	\$356,000.00	4/3/2023	BC2023-196
A-2	3157 (Copy of 1465)	US Together, Inc.	3/1/2024- 2/28/2025	\$476,804.14	2/22/2024	BC2024-137
A-3	3157	US Together, Inc.	Effective upon signature- 2/28/2025	\$3,700.00	9/30/2024	ION 1
A-4	3157	US Together, Inc.	3/1/2025- 6/30/2025	\$118,000.00	3/10/2025	BC2025-172
A-5	3157	US Together, Inc.	7/1/2025- 12/31/2025	\$545,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>US Together, Inc. will provide interpretation and translation services for Limited English Proficient (LEP) individuals and families served by Cuyahoga County Health and Human Services agencies. Cuyahoga Job and Family Services is requesting approval of an amendment with US Together, Inc. to add money to a few agencies and extending the time of the contract.</p> <p>7/1/2025-12/31/2025 is time extension and amendment amount not to exceed \$545,000.00.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

- To improve access to benefit programs and services for Limited English Proficient (LEP) and hearing-impaired individuals and families.
- To increase understanding by LEP and hearing-impaired individuals of their rights and responsibilities relative to benefit programs and services.
- To reduce LEP and hearing-impaired individuals' non-compliance with program rules.
- To reduce errors/denials in benefits and services for LEP and hearing-impaired individuals and families.

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

Vendor Name and address:	Owner, executive director, other (specify):
US Together, Inc. 2800 Euclid Avenue, Suite 200 Cleveland, OH 44115	Nadia Kasvin, Director/Co-Founder
Vendor Council District:	Project Council District:
District 7	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP RQ# 3325
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>HHS: 98.35% by Federal Temporary Assistance for Needy Families</p> <p>Board of Revision: 0.18% by Real Estate Assessment Funds</p> <p>Witness/Victim Services: 0.92% by Levy Funds</p> <p>Fiscal/Treasurer/Consumer Affair: 0.55% by General Funds</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>HS260195/55130/UCH08037</p> <p>PJ325100/55130</p> <p>BR305100/55130</p> <p>FS100100/55130</p>
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): See chart above.
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BC2025-371

Title	2025- 19 th Annual Fatherhood Conference
Department or Agency Name	Cuyahoga County Fatherhood Initiative (Cuyahoga Job and Family Services)
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5422	Playhouse Square Hotel LLC dba Crowne Plaza	6.13.2025	17,677.44	Pending	Pending

Service/Item Description (include quantity if applicable). Playhouse Square Hotel, LLC., DBA Crown Plaza Cleveland at Playhouse Square will provide food and beverage, training rooms, various audio-visual equipment, complimentary Wi-Fi access, registration area in pre-function hallway, accommodations, and equipment for the one-day Celebration of Fatherhood conference event on June 13, 2025.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):

Provide access to partnering organizations located in Cuyahoga County that assist fathers with employment, parenting, custody/visitation, education, preventing premature fatherhood and understanding the importance of the male role in a child's life and society.

Bring awareness to the resources available for county residents (particularly fathers) in Cuyahoga County.

Honor local dads to encourage more men to step up and become fathers and father figures.

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

Vendor Name and address:	Owner, executive director, other (specify):
Playhouse Square Hotel, LLC, DBA Crown Plaza Cleveland at Playhouse Square 1260 Euclid Ave, Cleveland, OH 44115	Camryn Moore, Catering Sales Manager
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$13,500.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 106 /4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 76% -Grant Funds/Donation Caresource \$2,000.00 Cleveland Foundation \$5,000 Dollar bank \$ 6,000 Meijer Corp. \$500.00 24%- Health and Human Services Levy Funds \$4,177.44
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS280100 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Annual Conference that is being planned	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	4578	Playhouse Square Hotel, LLC.	6.14.2024	\$17,012.80	6.10.2024	BC2024-453

BC2025-372

Title	Department of Senior and Adult Services (DSAS); Master Agreement Amendment 3; Options for Independent Living Services (OPTN)
Department or Agency Name	Department of Senior and Adult Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	Various Vendors – See Below		01/01/2024 – 12/31/2025	\$9,550,000.00	11/28/2023	R2023 - 0337
	3732	A-1 Healthcare LLC		\$454,000.00		
	3779	ABC International Services, Inc.		\$32,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$32,000.00		
	3789	Caring Hearts Health Services LLC		\$50,000.00		
	3792	Casleo Corporation dba Global Meals		\$4,600,000.00		
	3788	Connect America		\$260,000.00		
	3794	Essence Health Services		\$150,000.00		
	3790	Fernandez Property Group		\$20,000.00		
	3791	First Choice Medical Staffing		\$118,000.00		
	3773	Geocare, Inc. dba Home Instead Senior Care		\$190,000.00		
	3775	Home Care Relief Inc.		\$380,000.00		

	3776	Family and Community Services dba Mobile Meals, Inc.		\$150,000.00		
	3768	Purfoods LLC dba Mom’s Meals		\$900,000.00		
	3770	Renaissance Home Health Care		\$218,000.00		
	3771	Rent a Daughter Senior Care		\$300,000.00		
	3772	Rose Centers for Aging Well		\$200,000.00		
	3733	Senior Transportation Connection		\$310,000.00		
	3734	Solutions Premier Training Services		\$250,000.00		
	3735	Tobi Transportation Services		\$196,000.00		
	3736	Transport Assistance, Inc		\$50,000.00		
	3769	U First Homecare		\$134,000.00		
	3747	Valued Relationships, Inc.		\$260,000.00		
	3749	Wash House CLE		\$50,000.00		
	3750	Xcel Health Services, Inc.		\$246,000.00		
	A-1	Various – see Below	Amending Various Contracts to add additional funding	6/1/2024 – 12/31/2025		
3732			A-1 Healthcare LLC		\$4,000.00	
3781		Addus Heatlhcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$10,000.00		
3792		Casleo Corporation dba Global Meals		\$151,500.00		
3776		Family and Community Services dba Mobile Meals, Inc. – Name change to: Axess Family Services, Inc. dba Mobile Meals		\$2,500.00		
3768		Purfoods LLC dba Mom’s Meals		\$216,000.00		
3772		Rose Centers for Aging Well		\$10,000.00		
3769		U First Homecare		\$44,000.00		
3750		Xcel Health Services, Inc.		\$61,000.00		
4798		Wash House CLE – Name Change to: Blue Heron LLC		\$0		
A-2	Amending Various Contracts to add funding, Term expiration remains 12/31/2025			\$600,000.00	11/26/2024	R2024-0425
	3732	A-1 Healthcare LLC		\$1,300.00		
	3779	ABC International Services, inc.		\$5,900.00		
	3792	Casleo Corporation dba Global Meals		\$235,800.00		
	3794	Essence Health Services		\$7,100.00		

	3790	Fernandez Property Group	\$500.00		
	3791	First Choice Medical staffing	\$7,500.00		
	4958	Axess Family Services, Inc. dba Mobile Meals	\$11,000.00		
	3768	Purfoods LLC dba Mom's Meals	\$200,000.00		
	3771	Rent a Daughter	\$18,000.00		
	3772	Rose Centers for Aging Well	\$7,900.00		
	3733	Senior Transportation Connection	\$50,000.00		
	3736	Transport Assistance, inc.	\$6,000.00		
	3769	U First Homecare	\$15,000.00		
	4798	Blue Heron LLC	\$18,000.00		
	3750	Xcel Health Services, Inc.	\$16,000.00		
A-3	Amending Various Contracts to add Funding and Extend the term by 1 year		Effective Upon Signature – 12/31/2026	\$425,000.00	Pending
	3732	A-1 Health Care, Inc.		\$0	
	3733	Senior Transportation Connection		\$0	
	3735	TOBI Transportation LLC		\$0	
	3736	Transport Assistance, Inc.		\$0	
	3747	Valued Relationships, Inc.		\$0	
	4798 (fka 3749)	Blue Heron holdings, LLC		\$25,000.00	
	3750	XCEL Healthcare Providers, Inc.		\$0	
	3768	PurFoods, LLC dba Mom's Meals		\$100,000.00	
	3769	U-First Homecare Services		\$0	
	3770	Renaissance Home Health Care, Inc.		\$0	
	3771	Rent a Daughter Senior Care, Inc.		\$0	
	3772	Rose Centers for Aging Well, LLC		\$0	
	3773	Geocare, Inc. dba Home Instead Senior Care		\$0	
	3775	Home Care Relief, Inc.		\$0	

	4958 (fka 3776)	Axess Family Services, Inc. dba Mobile Meals	\$0		
	3779	ABC International Services, Inc.	\$0		
	3781	Addus HealthCare (South Carolina), Inc. dba Arcadia Home & Care Staffing	\$0		
	3788	Connect America.com LLC	\$0		
	3789	Caring Hearts Health Services, LLC	\$0		
	3790	Fernandez Property Group Ohio	\$0		
	3791	First Choice Medical Staffing of Ohio, Inc.	\$0		
	3792	Casleo Corporation dba Global Meals	\$300,000.00		
	3794	Essence Health Services, Inc.	\$0		

Service/Item Description (include quantity if applicable).

Cuyahoga County Division of Senior and Adult Services requesting approval of a Master contract amendment 3 with multiple vendors in the amount of \$425,000.00. Amendment 3 extends the term of the master agreement by 1 year, through 12/31/2026. There is no scope of work for this amendment.

The Options program provides in-home services to seniors and adults with disabilities living in Cuyahoga County who need: assistance with larger household chores; medical emergency response services; grab bar installation; homemaking assistance; home delivered meals; assistance with personal care; and/or transportation for medical-related appointments.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: N/A How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

To add funding to continue to provide the following services:

To promote self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community.

Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport.
The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services.

Project Goals, Outcomes or Purpose (list 3):

To add funding to continue to provide the following services:

To promote self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community.

Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport.

The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services.

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

Vendor Name and address: Agenda Item 1	Owner, executive director, other (specify):
A-1 Healthcare LLC 2060 S. Taylor Rd. Cleveland Heights, OH 44118	Richard Keller, CEO
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 2	Owner, executive director, other (specify):
ABC International Services, Inc. 31525 Aurora Road, Suite #2 Solon, OH 44139	Bella Rokhman, President/Owner
Vendor Council District:	Project Council District:
Council district 6	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 3	Owner, executive director, other (specify):
Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing)	Angela Dooley, Regional Director of Operations

2300 Warrenville Road, Suite 100 Downers Grove, IL 60515	
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 4	Owner, executive director, other (specify):
Caring Hearts Health Services LLC 333 Babbitt Road, Suite 242 Euclid, OH 44123	Marquette Brown, President
Vendor Council District:	Project Council District:
Council district 11	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 5	Owner, executive director, other (specify):
Casleo Corporation dba Global Meals 2761 E. 4 th Avenue Columbus, Ohio 43219	Nataliya Krylova, CEO
Vendor Council District:	Project Council District:
N/A	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 6	Owner, executive director, other (specify):
Connect America 816 Park Way Broomall, PA 19008	Richard Brooks, President
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 7	Owner, executive director, other (specify):
Essence Health Services 855 222 nd Street Euclid, OH 44123	Dannika Witten, Owner

Vendor Council District:	Project Council District:
Council District 11	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 8	Owner, executive director, other (specify):
Fernandez Property Group 3781 West 152 nd Street Cleveland, OH 44111	Sophia Fernandez, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 9	Owner, executive director, other (specify):
First Choice Medical Staffing 1457 West 11 th Street Cleveland, OH 44107	Charles Slone, President/CEO
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 10	Owner, executive director, other (specify):
Geocare Inc.dba Home Instead Senior Care 26777 Lorain Road, Suite 608 North Olmsted, Oh 44070	Geoffrey Moore, President
Vendor Council District:	Project Council District:
Council District 1	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 11	Owner, executive director, other (specify):
Home Care Relief, Inc 753 East 200 th Street Euclid, Ohio 44119	Darlene Myrick, CEO/President
Vendor Council District:	Project Council District:
Council District 10	County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 12	Owner, executive director, other (specify):
Axess Family Services, Inc. formerly known as Family & Community Services dba Mobile Meals 1400 S. Arlington St., Suite 38. Akron, OH 44306	Marihelyn Horrigan, Community Impact Director
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 13	Owner, executive director, other (specify):
Purfoods LLC dba Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021	Nathan Jensen, Sr VP of Sales and Business Development
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 14	Owner, executive director, other (specify):
Renaissance Home Health Care 5311 Northfield Road Suite 212 Bedford Heights, Ohio 44146	Patricia Eady, Owner
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 15	Owner, executive director, other (specify):
Rent a Daughter Senior Care 23715 Mercantile Road Building A Suite 206 Beachwood OH 44122	Mark Glatley, Chief Executive Officer
Vendor Council District:	Project Council District:
Council District 11	Countywide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 16	Owner, executive director, other (specify):
Rose Centers for Aging Well 11890 Fairhill Road Cleveland OH 44120	Dabney Conwell, Executive Director
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 17	Owner, executive director, other (specify):
Senior Transportation Connection 4735 W. 150 th Street, Suite A Cleveland, Ohio 44135	Laura Kleinman, Executive Director
Vendor Council District:	Project Council District:
Council district 2	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 18	Owner, executive director, other (specify):
Tobi Transportation Services, LLC 14100 Bardwell Avenue East Cleveland, Ohio 44112	Alice Jackson, Vice President
Vendor Council District:	Project Council District:
Council district 10	
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 19	Owner, executive director, other (specify):
Transport Assistance, INC 5481 State Road Parma, Ohio 44134	Fred Cerny, President
Vendor Council District:	Project Council District:
Council district 10	County Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 20	Owner, executive director, other (specify):
U First Homecare 6005 Fleet Avenue #1005 Cleveland, Ohio 44105	Veora Thompkins, Director
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 21	Owner, executive director, other (specify):
Valued Relationships 1400 Commerce Center Dr. Franklin, Ohio 45005	Mr. Ben Wallace, Executive Director
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 22	Owner, executive director, other (specify):
Blue Heron Holdings, LLC formerly Wash House CLE 713 Upper Merriman Dr. Akron, Ohio 44303	Mr. John Boughton, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 23	Owner, executive director, other (specify):
Xcel Healthcare Providers, Inc 1991 Lee Rd. Cleveland, Ohio 44118	Mr. John Stanich, Executive Director
Vendor Council District:	Project Council District:
Council District 11	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260295

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

Provide status of project.

The original contract is ongoing and this amendment is adding \$425,000.00 to the master agreement while also extending the term through 12/31/2026.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): see chart above

BC2025-373

Title	Emerald Development and Economic Network (EDEN) PSH	
Department or Agency Name	Office of Homeless Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O		See below	7/1/2024 – 6/30/26	\$4,000,00.00	11/26/24	R2024-0429
	4700	EDEN, Inc		\$1,910,166.00		
	4701	Famicos		\$300,194.00		
	4702	Front Steps		\$556,860.00		
	4703	Humility of Mary Housing, Inc.		\$221,592.00		
	4704	Mental Health Services for the Homeless dba FrontLine Service		\$357,386.00		

	4706	YWCA Greater Cleveland – Independence Place		\$283,152.00		
	4705	YWCA Greater Cleveland – Cogswell Hall		\$370,650.00		
A-1		See below: Change contract terms and funds; effective upon Signature - 6/30/26		\$199,145.00	Pending	Pending
	4700	EDEN, Inc		\$199,145.00		
	4701	Famicos		\$0		
	4702	Front Steps		\$0		
	4703	Humility of Mary Housing, Inc.		\$0		
	4704	Mental Health Services for the Homeless dba FrontLine Service		\$0		
	4706	YWCA Greater Cleveland – Independence Place		\$0		
	4705	YWCA Greater Cleveland – Cogswell Hall		\$0		

Service/Item Description (include quantity if applicable).

Permanent Supportive Housing provides housing for persons who are chronically homeless and have one or more disabilities, which can include mental illness, chronic health conditions, and/or substance use disorders. These individuals normally have a higher need for supportive services. Units are dedicated to serving chronically homeless persons (as defined by HUD) and high-barrier homeless persons. Supportive services are designed to help households obtain and maintain housing. Services include but are not limited to, outreach, case management, life skills training, substance use disorder services, medical and psychiatric services, supportive employment and vocational counseling, payee services, and, when needed, crisis intervention. These services are voluntary, and clients actively participate in creating their service delivery plan. Supportive services are provided using evidence-based practices, including motivational interviewing, harm reduction, and trauma-informed care, to help residents identify their goals. Operations covers the costs associated with the day-to-day physical operation of housing for homeless persons, including maintenance, repair, utilities, and front desk/security coverage.

EDEN the only provider receiving additional funding through this amendment. Unlike other providers in the master contract that serve a single PSH site, EDEN is responsible for operations for PSH units on a large scale across the continuum. Given the volume of units and complexity of the work, OHS is adding funds to cover additional operations expenses. There is no change in scope of work.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Decrease barriers to stabilization for chronically homeless single adults and high-barrier homeless persons. Provide rent-subsidized permanent housing, medical care, mental health, recovery, and employment services to help individuals integrate back into their communities. Provide operations costs necessary to maintain housing for high-barrier individuals.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Eden Inc. 7812 Madison Ave. Cleveland, OH 44102	Owner, executive director, other (specify): Elaine Gimmel, executive director
Vendor Council District: 3	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. HHS Levy (100%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350 – 55130 – UCH0000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Status of the project is ongoing through 6/30/26. This amendment will only be adding funds to EDEN Inc. so they can continue services to this vulnerable population.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain): The contract is currently active, this is an amendment.
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain): This contract is currently active.

HISTORY (see instructions): see chart above

C.- Exemptions

BC2025-374

TITLE	Alternative procurement for CCMEP Services	
DEPARTMENT OR AGENCY	Cuyahoga County Job and Family Services	
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement	
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Cleveland-Cuyahoga County Workforce Development Board released an RFP for CCMEP services on behalf of Cuyahoga County Job and Family Services.</p> <p>The Cleveland-Cuyahoga County Workforce Development Board is seeking program service proposals for the Comprehensive Case Management and Employment Program (CCMEP) to be operated in Cuyahoga County by one qualified, comprehensive service provider effective July 1, 2025.</p> <p>The alternative procurement will allow us to make an award on the RFP issued for CCMEP Services.</p>	
FUNDING SOURCE:	Is funding for this included in the approved budget?	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):	
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.	
	HS260100 55130 UCH08301	

D. - Consent Agenda**BC2025-375**

TITLE	Veterans Services Commission Approval of Surplus Property to be sold via
DEPARTMENT OR AGENCY NAME	Veterans Services Commission

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action: please describe request approval to dispose of surplus items listed on the attached Exhibit "A"
------------------	--

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending disposal of the property in accordance with Ohio Revised Code Section 307.12(E). The anticipated start-completion dates will be fifteen days after BOC approval.</p> <p>The primary goal of the project is to dispose said property.</p> <p>The project is mandated</p> <p>There is no procurement method for this project. This is a revenue generating project.</p> <p>The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet and/or disposal of the property.</p>
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Similar recent request	n/a	n/a
AMENDMENT (A)	n/a	n/a

EXHIBIT A			
Description	Asset Tag #	Asset/Employee Location	Manufacturer
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40001	120	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40002	120	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40003	123	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40004	124	National

2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40005	128	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40006	131	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40007	130	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40008	134	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40009	136	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40010	138	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40011	153	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40012	127	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40013	112	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40014	113	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40015	111	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40016	107	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40017	106	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40018	108	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40019	105	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40020	109	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40021	120	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40022	120	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40023	123	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40024	124	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40025	128	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40026	131	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40027	130	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40028	134	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40029	136	National

Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40030	138	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40031	153	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40032	127	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40033	112	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40034	113	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40035	111	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40036	107	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40037	106	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40038	108	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40039	105	National
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40040	109	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40041	120	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40042	127	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40043	129	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40044	113	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40045	112	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40046	111	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40047	106	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40048	107	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40049	105	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40050	123	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40051	108	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40052	109	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40053	124	National
Right hand return for desk-CLn2544rlefw2 PO Nbr: 0951421	40054	128	National

Right hand return for desk-Cln2544rlef2 PO Nbr: 0951421	40055	130	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40056	120	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40057	127	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40058	129	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40059	113	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40060	112	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40061	111	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40062	106	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40063	107	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40064	105	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40065	123	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40066	108	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40067	109	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40068	124	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40069	128	National
Right hand desk pedestal-Cln3672drfalw1 PO Nbr: 0951421	40070	130	National
Left hand return for desk-Cln2544rreflw2 PO Nbr: 0951421	40071	132	National
Left hand return for desk-Cln2544rreflw2 PO Nbr: 0951421	40072	134	National
Left hand return for desk-Cln2544rreflw2 PO Nbr: 0951421	40073	138	National
Left hand return for desk-Cln2544rreflw2 PO Nbr: 0951421	40074	104	National
Left hand return for desk-Cln2544rreflw2 PO Nbr: 0951421	40075	136	National
Left hand desk pedestal-Cln3672dlfalw1 PO Nbr: 0951421	40076	132	National
Left hand desk pedestal-Cln3672dlfalw1 PO Nbr: 0951421	40077	134	National
Left hand desk pedestal-Cln3672dlfalw1 PO Nbr: 0951421	40078	138	National
Left hand desk pedestal-Cln3672dlfalw1 PO Nbr: 0951421	40079	104	National

Left hand desk pedestal-Cln3672dlfalw1 PO Nbr: 0951421	40080	136	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40081	125	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40082	131	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40083	137	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40084	126	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40085	139	National
Mgrs Station RH Serpentine- Cln2648BEFHSLW-0951421	40086	153	National
Mgrs Station RH Credenza-Cln2272clflw2 0951421	40087	125	National
Mgrs Station RH Credenza-Cln2272clflw2 0951421	40088	131	National
Mgrs Station RH Credenza-Cln2272clflw2 0951421	40089	137	National
Mgrs Station LH Credenza-Cln2272crflw6 0951421	40090	120	National
Mgrs Station LH Credenza-Cln2288crflw6 0951421	40091	139	National
Mgrs Station LH Credenza-Cln2288crflw6 0951421	40092	153	National
Mgrs Station RH Pedestal Desk- Cln3762drfalw1- 0951421	40093	125	National
Mgrs Station RH Pedestal Desk- Cln3762drfalw1- 0951421	40094	131	National
Mgrs Station RH Pedestal Desk- Cln3762drfalw1- 0951421	40095	137	National
Mgrs Station LH Pedestal Desk- Cln3672dlfalw1- 0951421	40096	126	National
Mgrs Station LH Pedestal Desk- Cln3672dlfalw1- 0951421	40097	139	National
Mgrs Station LH Pedestal Desk- Cln3672dlfalw1- 0951421	40098	153	National
Mgrs Station Highback Hutch Cln7136haw- 0951421	40099	125	National
Mgrs Station Highback Hutch Cln7136haw- 0951421	40100	131	National
Mgrs Station Highback Hutch Cln7136haw- 0951421	40101	137	National
Mgrs Station Highback Hutch Cln7136haw- 0951421	40102	120	National
Mgrs Station Highback Hutch Cln8836hbhaw- 0951421	40103	139	National
Mgrs Station Highback Hutch Cln8836hbhaw- 0951421	40104	153	National

Mgrs Station Accessories-lights Nac49tlb 0951421	40105	125	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40106	131	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40107	137	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40108	120	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40109	139	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40110	153	National
Mgrs Station Accessories-lights Nac49tlb 0951421	40111	152	National
Mgrs Station Tackboard-1683TB8607 0951421	40112	139	National
Mgrs Station Tackboard-1683TB8607 0951421	40113	153	National
Mgrs Station Tackboard-1669TB8611 0951421	40114	125	National
Mgrs Station Tackboard-1669TB8611 0951421	40115	131	National
Mgrs Station Tackboard-1669TB8615 0951421	40116	137	National
Mgrs Station Tackboard - 0951421	40117	120	National
Received 6 tackboards but billed for only 5 0951421			
No Label Used Casegoods, lock core & keys 0951421 QTY:117		G.O.	National
Key Board Tray Stella Extended/Was removed 0951450	40118	133	Ohio Desk
Pedestal-File/File Under Worksurface 22" 2drawer 0951450	40119	133	Ohio Desk
Pedestal-Box/Box file Under Surface 22" 3drawer 0951450	40120	133	Ohio Desk
Fabrick for reuphoistery on 12 chairs 40121		?	
Labels not individually used. Grouped under 40121			
Key Board Tray Stella Extended/ 23" 0951450	40122	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40123	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40124	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40125	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40126	G.O.	Ohio Desk

Key Board Tray Stella Extended/ 23" 0951450	40127	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40128	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40129	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40130	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40131	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40132	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40133	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40134	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40135	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40136	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40137	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40138	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40139	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40140	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40141	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40142	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40143	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40144	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40145	G.O.	Ohio Desk
Label not used	40146		
Key Board Tray Stella Extended/ 23" 0951450	40147	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40148	G.O.	Ohio Desk
Key Board Tray Stella Extended/ 23" 0951450	40149	G.O.	Ohio Desk
Wooden Bookcase - CLN3836BCOW PO Nbr:0951421	40180	120	National
2 Drawer lateral file - CLN2237LFF2LW PO Nbr:0951421	40181	120	National
Acrylic Barriers QTY:25	40229	Various	HP Manufacturing

Electronic Temperature and Mask Scanners QTY:3	40230	Waiting Room/Employee Entrances	Identiphoto
FeedbackNow QTY:7	40231	Various Main and satellite locations	Forrester

BC2025-376

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

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org
1814 E. 40th Street
Cleveland, Ohio 44103
Kenny Kovach-Director

Quantity	Asset Tag	Manufacturer	Model/Device	Type
96		Cisco	7941/2	Telephone
23		Cisco	7961/2	Telephone
5		Cisco	8811	Telephone
1	No tag	Cisco	CP-8811	
1	83797	Lenovo	Thinkpad	
1	43033	Dell	Latitude D600	
1	41015	Dell	Latitude D600	

BC2025-377

(See related items for proposed travel/memberships for the week of 6/9/2025 in Section D above).

BC2025-378

(See related items for proposed purchases for the week of 6/9/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Solar for Schools Memorandum of Agreement – Growth Opportunity
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe Approval of Memorandum of Agreement
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works requests approval of a Memorandum of Agreement (MOA) with Growth Opportunity Partners, Inc. pertaining to the Solar for Schools initiative. This MOA formalizes a financial agreement in which Growth Opportunity Partners will reimburse Cuyahoga County for the cost of pre-engineering work being performed by Richard L. Bowen & Associates.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	Pending	Pending
AMENDMENT (A)		

Item No. 2

(See related list of Contracts \$0.00 - \$10,000.00 and Various Agreements – processed and executed for the week of 6/9/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT