



**Cuyahoga County Board of Control Agenda  
Monday, June 16, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 6/9/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-379**

Department of Public Works on behalf of the Department of Sustainability,

- a) Submitting an RFP exemption, which will result in an award recommendation to Recycle Away, LLC in the amount not-to-exceed \$16,273.98 for the purchase and shipping of (45) Large Simple Sort Triple Recycling Stations and (2) 23-Gallon Simple Sort Compost Containers.
- b) Recommending an award on Purchase Order No. 25002234 to Recycle Away, LLC in the amount not-to-exceed \$16,273.98 for the purchase and shipping of (45) Large Simple Sort Triple Recycling Stations and (2) 23-Gallon Simple Sort Compost Containers.

Funding Source: 80% Ohio EPA Community and Litter Grant; 20% Sustainability Projects Funding

**BC2025-380**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Downtown Cleveland Alliance aka Downtown Cleveland in the amount not-to-exceed \$43,575.00 for event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events for the period 6/19/2025 – 12/31/2025.

b) Recommending an award on Purchase Order No. 25002312 to Downtown Cleveland Alliance aka Downtown Cleveland in the amount not-to-exceed \$43,575.00 for event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events for the period 6/19/2025 – 12/31/2025.

Funding Source: Road and Bridge Fund

**BC2025-381**

Department of Information Technology, recommending an award on Purchase Order No. 25002270 to SHI International Corp. in the amount not-to-exceed \$15,854.04 for a joint cooperative purchase of (36) 10 GBase Transceivers for the Cleveland and Columbus data centers.

Funding Source: Capital Project - General Funds

**BC2025-382**

County Executive's Office, submitting a Grant Agreement with Bedford Historical Society (via Contract No. 5438) in the amount not-to-exceed \$20,000.00 to provide funding for the Bedford Historical Museum Interior Masonry Repair project effective upon signatures of all parties for a period of 2 years.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

**BC2025-383**

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 5325 (fka Contract No. 2119) with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for Residential Level of Care services for dually diagnosed men for the period 7/1/2021 – 6/30/2025; for additional funds in the amount not-to-exceed \$165,000.00, effective 1/1/2025.

Funding Source: Ohio Department of Rehabilitation and Correction Community Correction Act grant

**BC2025-384**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5008 (fka Contract No. 3931) with Men of Courage for mentoring services for Court referred youths and young adults ages 11 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2026 for additional funds in the amount not-to-exceed \$46,126.00.

Funding Source: RECLAIM Grant

**BC2025-385**

Sheriff's Department, recommending an award on RQ15642 and enter into Purchase Order No. 25002198 with Victory Supply LLC (17-2) in the amount not-to-exceed \$297,508.10 for replacement of (1730) inmate mattresses.

Funding Source: General Fund

**BC2025-386**

Department of Public Safety and Justice Services, on behalf of the Local Emergency Planning Committee, requesting authority to apply for grant funds to U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration in the amount not-to-exceed \$63,000.00 for the FY2025-2027 Hazardous Materials Emergency Preparedness Grant Program Year 1 for the period 10/1/2025 – 9/30/2026.

Funding Source: 80% - Hazardous Materials Emergency Preparedness Grant \$50,400.00 and 20% Local Match \$12,600.00 - Local Emergency Planning Committee Discretionary Fund and/or FY26 State Emergency Response Commission Grant Funds

**BC2025-387**

Medical Examiner's Office, recommending an award on Purchase Order No. 25002274 with Mckesson Medical-Surgical Government Solutions LLC in the amount not-to-exceed \$12,294.44 for a state contract purchase of (1) Handheld Chemical Analyzer.

Funding Source: General Fund

**BC2025-388**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 4579 with Catholic Charities Corporation for a Comprehensive Pre-Employment Screening Program for the Ohio Works First/SNAP applicants for the period 7/1/2024 – 6/30/2025 to add Exhibit II-A representing the budget for the amendment term, effective 7/1/2025, and for additional funds in the amount not-to-exceed \$511,179.90.

Funding Source: 90% Federal/State Funding and 10% Health and Human Services Levy Fund

**BC2025-389**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into a Master Services, Products and License Agreement (via Contract No. 5428) with CBTS Technology Solutions LLC in the amount not-to-exceed \$264,000.000 for a state contract purchase of Voice Over Internet Protocol Call Center Operations in connection with Cuyahoga County SNAP Telework for Performance Project for the period 6/1/2025-5/31/2027.

Funding Source: 50% Federal/State Funding and 50% Health and Human Services Levy Fund

**BC2025-390**

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in a Participation Agreement with County Commissioners Association of Ohio Service Corporation/Ohio Child Support Professional Association fka Ohio CSEA Director's Association in the amount not-to-exceed \$54,381.60 for usage of CLEAR subscription services - Lead Evaluation and Reporting database for the period 6/1/2025 – 5/31/2027.
- b) Recommending an award and enter into a Participation Agreement with County Commissioners Association of Ohio Service Corporation/Ohio Child Support Professional Association fka Ohio CSEA Director's Association (via Contract No. 5431) in the amount not-to-exceed \$54,381.60 for usage of CLEAR subscription services - Lead Evaluation and Reporting database for the period 6/1/2025 – 5/31/2027.

Funding Source: 57% Federal, 29% State, 7% Federal/State and 7% Health and Human Services Levy Fund

**BC2025-391**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5450) with McGregor Pace in the amount not-to-exceed \$42,527.05 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for individuals seeking enrollment in McGregor Pace for the period 2/1/2025-12/31/2025.

Funding Source: Revenue Generating

**BC2025-392**

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

- a) Submitting an RFP exemption, which will result in a payment to The Centers for Families and Children in the amount not-to-exceed \$75,712.84 as final payment for the period 9/1/2024 – 9/30/2024 for residential placement for up to 58 children and young adults for high quality childcare for children in custody in connection with the Child Wellness Campus project rendered on Contract No. 4026 during the contract term 12/21/2023 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 25002015 to The Centers for Families and Children in the amount not-to-exceed \$75,712.84 as final payment for the period 9/1/2024 – 9/30/2024 for residential placement for up to 58 children and young adults for high quality childcare for children in custody in connection with the Child Wellness Campus project rendered on Contract No. 4026 during the contract term 12/21/2023 – 12/31/2024.

Funding Source: Health and Human Services Levy Fund

**BC2025-393**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4687 with Joseph's Home dba Joseph and Mary's Home for temporary housing and supportive services for medically fragile men experiencing homelessness for the period 7/1/2024-6/30/2025 to extend the time period to 6/30/2026, to add Exhibit II-A representing the budget for the amendment term, effective 7/1/2025, and for additional funds in the amount not-to-exceed \$267,547.00.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda****BC2025-394**

Fiscal Department, presenting proposed travel/membership requests for the week of 6/16/2025:

Dept:	County Executive's Office							
Event:	NACO Annual Conference							
Source:	National Associations of Counties (NACO)							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Debbie Berry	7/11/2025 – 7/14/2025	\$620.00	\$240.00	\$900.00	\$160.00	\$350.00	\$2,270.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The NACo Annual Conference & Exposition, which will be held at the Pennsylvania Convention Center in Philadelphia, Pennsylvania. NACo attracts 3,000 county leaders – both elected and appointed – from across the country.

Dept:	Sheriff's Department							
Event:	Detecting Misleading Behaviors							
Source:	Ohio HIDTA							
Location:	Allison Park, PA							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Gill Camargo	6/23/2025 – 6/24/2025	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	Law Enforcement Trust Fund
Paul Marich	6/23/2025 – 6/24/2025	\$0.00	\$100.00	\$179.58	\$0.00	\$0.00	\$279.58	Law Enforcement Trust Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Traveling to 700 W ridge RD, Allison Park, PA 15101 for detecting misleading Behaviors training. A two Day one night training event with Ohio HIDTA

Dept:	Sheriff's Department							
Event:	2025 MCSA Annual Conference							
Source:	Major County Sheriffs of America							
Location:	Denver, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harold Pretel	9/20/2025 – 9/24/2025	\$0.00	\$256.00	\$1,400.00	\$200.00	\$600.00	\$2,456.00	Law Enforcement Trust Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Meet and collaborate with Sheriffs throughout the country and participate in various leadership activities, ideas and conferences related to enhancing the safety and security for our department and community.

Dept:	Medical Examiner's Office
Event:	Overdose to Action 2025 Grant Recipient Meeting

Source:	Association of State and Territorial health Officers (ASTHO)							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Gilson	7/8/2025 – 7/10/2025	\$0.00	\$148.00	\$435.52	\$145.00	\$428.96	\$1,157.48	Overdose Data to Action Grant (OD2A)

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Attend national meeting concerning overdose prevention sponsored by CDC to grant recipients from the overdose to action (OD2A) funding.

**BC2025-395**

Department of Purchasing, presenting proposed purchases for the week of 6/16/2025:

**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
25002261	(36) Ballistic Armor Plates for the SPAN SWAT Team	Department of Public Safety and Justice Services	U.S. Armor Corporation	\$15,540.09	FY22 Urban Area Security Initiative Grant

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002228	Factory Authorized – Excavator Repairs *	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$12,746.84	Sanitary Sewer Fund

25002252	Factory Authorized – (1) Variable Frequency Drive *	Department of Public Works	Direct Air Systems, Inc.	\$22,719.00	General Fund
----------	---	-------------------------------	-----------------------------	-------------	--------------

\*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

## **V- OTHER BUSINESS**

### **Item of Note (non-voted)**

#### **Item No. 1**

Department of Public Works, submitting an amendment to a grant agreement with Ohio Department of Natural Resources/Office of Coastal Management for emergency erosion assistance for Beulah Park-Euclid Beach Connector Trail – Phase 1 in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 7/1/2021 – 6/30/2025 to extend the time period to 6/30/2026 and to delete and replace the Period of Performance paragraph, effective upon signatures of all parties; no additional funds required.

Funding Source: Ohio Department of Natural Resources/Office of Coastal Management

#### **Item No. 2**

Department of Human Resources, submitting a grant agreement with the Ohio Department of Development in the total amount not to exceed \$29,975.00 for the period 12/1/2024 - 3/31/2026 for reimbursement of technology training for County employees in connection with the Ohio TechCred Grant. Program.

Funding Source: General Fund eligible for reimbursement by Ohio Department of Development

#### **Item No. 3**

Department of Human Resources, submitting a grant agreement with the Ohio Department of Development in the total amount not to exceed \$29,960.00 for the period 2/1/2025 - 5/31/2026 for reimbursement of technology training for County employees in connection with the Ohio TechCred Grant. Program.

Funding Source: General Fund eligible for reimbursement by Ohio Department of Development



**Item No. 4**

Sheriff's Department, submitting various Subgrant Award Agreements from Ohio Department of Public Safety, Office of Criminal Justice Services in the total amount not-to-exceed \$17,131.55 for out-of-state extraditions for various time period, as follows:

7/1/2024-6/30/2025 in the amount of \$929.60.  
 7/31/2024-8/1/2024 in the amount of \$958.65.  
 8/1/2024-9/30/2024 in the amount of \$1,045.80.  
 8/1/2024-9/30/2024 in the amount of \$1,162.00.  
 8/1/2024-9/30/2024 in the amount of \$1,278.20.  
 8/1/2024-9/30/2024 in the amount of \$1,801.10.  
 8/8/2024-8/9/2024 in the amount of \$1,359.54.  
 9/1/2024-9/30/2024 in the amount of \$1,692.32.  
 9/1/2024-9/30/2024 in the amount of \$1,462.65.  
 9/1/2024-9/30/2024 in the amount of \$1,812.90.  
 9/1/2024-12/31/2024 in the amount of \$1,362.29.  
 10/1/2024-10/31/2024 in the amount of \$1,269.24.  
 10/1/2024-10/31/2024 in the amount of \$997.26.

Funding Source: Ohio Department of Public Safety, Office of Criminal Justice Services

**Item No. 5**

Sheriff's Department, submitting a grant agreement with Ohio Department of Rehabilitation and Correction, Division of Parole and Community Services, Bureau of Community Sanctions in the amount of \$420,008.00 for the Local Incarceration Program in connection with FY2026 – 2027 Community Correction Act Grant Program for the period 7/1/2025-6/30/2027.

Funding Source: Ohio Department of Rehabilitation and Corrections (ODRC)

**Item No. 6**

**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
NA	5460	Employment Learning Innovations, Inc.	To provide civil treatment harassment training materials for the Virtual Public Civil Treatment Workplace "Train the Trainer" Program event	\$4,550.00	Department of Human Resources	Effective upon signature of all parties- 7/31/2025	General Fund	(Executive) 6/5/2025 (Law) 6/4/2025

			on taking place from July 8, 2025, through July 10, 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
R2023-0321	Reconstruction of Lake Road from Linda Street to Webb Road as part of the Lake/ Clifton Connector Project in the Cities of Lakewood and Rocky River - Council Districts 1 and 2	\$9,500,000.00	\$9,910,288.00	12% County Road & Bridge (\$1,220,288) 63% NOACA Carbon Reduction Program (\$6,250,000) 5% NOACA Transportation for Livable Communities (\$500,000) 6% City of Rocky River (\$540,000) 14% City of Lakewood (\$1,400,000)	(Executive) 6/3/2025

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

## Minutes

Cuyahoga County Board of Control  
Monday, June 9, 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 11:00 a.m.

#### Attending:

Erik Janas, Chief of Staff (Alternate for Chris Ronayne, County Executive)  
Michael Chambers, Fiscal Officer, serving as Chairman  
Mellany Seay, Finance and Operations Administrator, Department of Public Works  
(Alternate for Michael Dever)  
Paul Porter, Director, Department of Purchasing  
Councilmember Meredith Turner  
Levine Ross, County Council (Alternate for Michael Houser)  
Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 6/2/2025**

Michael Chambers motioned to approve the minutes from the June 2, 2025, meeting; Mellany Seay 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**

##### **BC2025-359**

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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2025-359 was approved by unanimous vote.

**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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-360 was approved by unanimous vote.

**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 Schedule 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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-361 was approved by unanimous vote.

**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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2025-362 was approved by unanimous vote.

**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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-363 was approved by unanimous vote.

**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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-364 was approved by unanimous vote.

**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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-365 was approved by unanimous vote.

**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

Karen DiCarlo, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-366 was approved by unanimous vote.

**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

Karen DiCarlo, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-367 was approved by unanimous vote.

**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

Karen DiCarlo, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-368 was approved by unanimous vote.

**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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-369 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2025-370 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented and Aldonis Grimes Executive Director of Cuyahoga County Fatherhood Initiative, supplemented. Robert Schleper asked how that initiative has been going; Aldonis Grimes replied he might be biased but thinks it's the best program in the County and probably the best in the Country when it comes to serving fathers and families. The intent of the fatherhood initiative is to make sure all fathers stay involved in their children's lives, whether they live in the same home or not. We know when fathers are involved children are less likely to commit crimes, less likely to drop out of school, less likely to go to jail, less likely to become teen parents. The program is for all dads in Cuyahoga County who want to be a better dad by being involved in their children's lives. This is the 19th annual fatherhood initiative conference. The conference is always a sold-out conference. 76% of it is funded by private organizations. There will be a resource fair with over 70 organizations, a town hall meeting for some dialogue back and forth, workshops and an awards luncheon. We will be honoring 18 outstanding fathers. A couple of the individuals involved in this year's town hall event is Harry Boomer and Wayne Dawson. This conference has been a kind of staple in the community over the last number of years. The Fatherhood Initiative supports over 5,000 dads per year. Out of those dads a thousand go to our boot camp for new dads program. There are job training programs, some parenting classes. In addition to the Fatherhood Conference we have an annual father walk your child to school event in the fall. Last year we had 208 schools and 24,000 fathers that have participated in our father's walk to school event. The purpose we have set out, you know, almost 20 years ago and what we've been able to do throughout the community we're doing a pretty good job. Robert Schleper thanked Mr. Grimes for him being here and for doing so much; commented the organization that is absolutely incredible; he is trying to get up to speed with some of the most, you know, thoughtful organizations. Meredith Turner doesn't want to put Mr. Grimes on the spot but asked what the departmental budget-operating budget is. Mr. Grimes responded it is about 1.1 million, it's been the same for last four or five years. Meredith Turner responded you do so much with so "little" and further commented she saw recently that you're doing a garden initiative. Mr. Grimes responded they opened a greenhouse at 114th and St. Clair for fathers and their families to be able to grow food year round. This is an educational, constructive and productive activity for fathers and their families to be engaged with one another and to bond together on a regular basis, from putting seeds into the ground, coming back to watch it grown. The area is a food desert so the fruits from those gardens will help the community as well. Well, I know you do this and have done this work for a long time without a fanfare. I want to go on record and thank you for all you do for the fathers and also I hope that we can maybe look at your budget and shoot for some increases. We do have the Chief of Staff here today, so I

hope he's listening to me. I mean, it's a big budget year. We've got some challenges, but when we talk about stellar programming we need to do more. Again Mr. Grimes was thanked for his work.

Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-371 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked is this one cover 100% through the Levy. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-372 was approved by unanimous vote.

### **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-373 was approved by unanimous vote.

### **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).

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2025-374 was approved by unanimous vote.

#### **D. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-375 through BC2025-378; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

##### **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 <sup>th</sup> 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	<del>\$212.00</del> <b>\$269.00</b>	\$1,125.00	\$281.00	\$1,822.41	<del>\$3,605.41</del> <b>\$3,662.41</b>	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 <sup>th</sup> 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 Strohman	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 6<sup>th</sup> 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 <b>extend the time period to 7/31/2027</b>	(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

There was no public comment.

## VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:25 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-379**

Title	Public Works - Recycling Bins for Various County Buildings-Recycle Away LLC
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)	25002234	Recycle Away, LLC	Upon Execution	\$16,273.98	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting a purchase order for (45) Triple Recycling Stations and (2) Compost Containers for various County-owned buildings.
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 Department of Public Works is requesting a purchase order for (45) Triple Recycling Stations and (2) Compost Containers for various County-owned buildings. The purchase will be made utilizing Sustainability Grant Funding that names Recycle Away as an approved vendor.

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):
Recycle Away, LLC PO Box 408 Bellow Falls, VT 05101	Jennifer Burnieka, Account Manager
Vendor Council District:	Project Council District:

NA	NA
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. The County is utilizing a Sustainability Grant fund that names Recycle Away, LLC as an approved vendor.  *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)
NA	<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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  80% Ohio EPA Community and Litter Grant; 20% Sustainability Projects Funding
---



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. EX275100 54300 SY-SUSTAIN-PROJ
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):	5.1.25
Date documents were requested from vendor:	5.8.25
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
-----------------------------

### BC2025-380

Title	2025, Department of Public Works, Rediscover Veteran’s Memorial Bridge Events	
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	PO#25002312	Downtown Cleveland Alliance	06/19/2025 -12/31/2025	\$43,575.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is requesting approval of an RFP Exemption for the procurement of event coordination, event equipment, entertainment, and historical walking tours from the Downtown Cleveland Alliance for the Cuyahoga County Rediscover Veterans Memorial Bridge events. The anticipated cost will not exceed \$43,575.</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>The primary goal of this request is to award a departmental order to one vendor that can provide coordination support and equipment that is required for the event.</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>	
<p>Vendor Name and address:</p> <p>Downtown Cleveland 668 Euclid Avenue, Suite 101 Cleveland, OH 44114</p>	<p>Owner, executive director, other (specify):</p> <p>Michael Deemer, President &amp; CEO</p>
<p>Vendor Council District: 7</p>	<p>Project Council District: 7</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

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>N/A</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>Downtown Cleveland Alliance is the CDC for Downtown Cleveland and coordinate events for downtown, which is the location of the bridge event. There are not multiple CDC's for downtown Cleveland. Other CDC's do not have the experience of the bridge location.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p>

N/A	<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.  N/A  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:  N/A	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input type="checkbox"/> Contract Amendment - (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% Road and Bridge Funds
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.  PW270205 73300
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.
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):	03/28/25
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" 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	PO# 24002267	Downtown Cleveland Alliance	06/19/24 – 09/15/24	\$30,000	06/17/24	BC2024-458

### BC2025-381

Title	PO25002270JCOP- 2025- Procurement of 10GB Cisco Transceivers
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.
	PO25002270 JCOP	SHI International Corp	2025	\$15,854.04	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with SHI International Corp, for the procurement of 10GB Cisco Transceivers in the amount of \$15,854.04.
--

This request is for 10 GB transceivers that are to be used to connect the newly purchased equipment to the network. Cleveland Datacenter Server Chassis, Columbus Datacenter Server Chassis, and Oracle Appliances for both Datacenters.
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): Procurement of 10GB Cisco Transceivers Quantity: 36 Part#: SFP-10G-SR

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):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside 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. SHI is able to provide the County with Cooperative purchasing pricing under contract Name: SW 121923-SHI Contract #: SW 121923-SHI Expires: 2.27.2028  All approved joint cooperative purchasing contracts have gone through a competitive process and have been vetted prior to award. JCOP contract processes offer Cuyahoga County the opportunity to use the lowest and best pricing awarded under the contract *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

	Contract #: SW 121923-SHI Expires: 2.27.2028
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 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.  100% Capital Projects 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.  IT600100 COTEC0001601
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):
-----------------------------

**BC2025-382**

Title	The Bedford Historical Society/ Contract/ 2-Year Contract to provide funding for Masonry and Leak repairs to the Bedford Historical Museum
Department or Agency Name	Fiscal Department on behalf of the Executive 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	5438	The Bedford Historical Society	Effective-2 years	\$20,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). This is contract to provide funding for interior masonry and Leak repairs to the Bedford Historical Museum
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): Repair disintegrating bricks Repair eroded mortar joints Apply asphalt Foundation, Prime and Paint

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):
The Bedford Historical Society 30 South Park Street Bedford, Ohio 44146	Betsy Lee Director
Vendor Council District:	Project Council District:
District 9	Meredith Turner
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. Providing funding for Lakefront Stabilization and Access *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 – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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.  FS100500 FS-21-ARP-LFRF
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.	
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):
-----------------------------

**BC2025-383**

Title	ADAMHS Board – Third Amendment (Matt Talbot – Catholic Charities)
Department or Agency Name	Corrections Planning Board, Common Pleas Court

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	2119	ADAMHS Board	July 1, 2021 to June 30, 2023	\$160,000.00	01/03/2022	BC2022-15
First Amendment	2119	ADAMHS Board	July 1, 2023 to June 30, 2024	\$260,000.00	9/25/2023	BC2023-585
Second Amendment	2119	ADAMHS Board	July 1, 2024 to June 30, 2025	\$260,000.00	11/26/2024	BC2024-863
Third Amendment	5325	ADAMHS Board	July 1, 2024 to June 30, 2025	\$165,000.00		

Service/Item Description (include quantity if applicable).

This is a request for contracted services involving Residential Level of Care Services for Dually Diagnosed men. The collaboration between the Court and treatment providers is intended to provide a comprehensive team approach between its Adult Probation Department and treatment providers to address issues relate to being dually diagnosed, identify risky behaviors, and reduce incarceration within the dually diagnosed male population. The Residential Services for Dually Diagnosed Men is a collaborative between the Court and Corrections Planning Board, the ADAMHS Board and the selected provider who will work with the Adult Probation Department's Dual Diagnosis unit as related to admission service delivery and discharge decisions. Length of residence, discharge and re-admission under the contract shall be subject to team staffing. The Corrections Planning Board monitors the use of the Residential Services for Dually Diagnosed Men funds through site visits to Catholic Charities Services (Matt Talbot for Men), the identified service provider for this program.

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):

- An estimated 150 male co-occurring clients will receive residential treatment services under the two-year term of this agreement amendment.
- The primary client and system(s) impact will be the amount of time SUD & MH Court clients are stable, taking meds, and successfully living in the community.

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):
Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, 2012 W. 25th Street, 6th Floor Cleveland, OH 44113	Scott Osiecki, Chief Executive Officer
Vendor Council District:	Project Council District:
ALL	ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (    ) DBE (    ) SBE (    ) MBE (    ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (    ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County.  <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>This project is 100% funded by Ohio Department of Rehabilitation and Correction Community Correction Act grant dollars.</p>
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. CP285170
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. Ongoing at this time.	
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3.10.25
Date documents were requested from vendor:	4.15.25
Date of insurance approval from risk manager:	5.23.25
Date Department of Law approved Contract:	5.23.25
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 checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

#### BC2025-384

Title	CONTRACT AMENDMENT FOR MENTORING SERVICES - MEN OF COURAGE
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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)	3931	Men of Courage	7/1/2023- 6/30/2024	\$79,200.00	11/27/2023	BC2023-764
(A)-1	5008 fka 3931	Men of Courage	7/1/2023- 6/30/2026	\$92,266.00	12/2/2024	BC2025-895
(A)-2	5008	Men of Courage	7/1/2023- 6/30/2026	\$46,126.00	PENDING	

Service/Item Description (include quantity if applicable).

Vendor to provide one-one-one mentoring and group-based mentoring. This amendment is to increase the funds in the amount of \$46,126.00, vendor agrees to not transport youth (waiver of auto insurance requested by the vendor), replace the insurance requirements. This changes the not to exceed value of the contract to from \$171,466.00 to \$217,592.00.

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): The primary focus will be to reduce recidivism and improve school performance.

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: Men of Courage 613 Mussey Ave. Elyria, Ohio 44035	Owner, executive director, other (specify): Anthony B. Jones, president, CEO, Founder
--	--

Vendor Council District:	Project Council District:
--------------------------	---------------------------

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

#### COMPETITIVE PROCUREMENT

RQ# \_\_\_\_\_ (Insert RQ# for formal/informal items, as applicable)

☐ RFB ☐ RFP ☐ RFQ

☐ Informal

☐ Formal Closing Date:

The total value of the solicitation:

#### NON-COMPETITIVE PROCUREMENT

Provide a short summary for not using competitive bid process.

\*See Justification for additional information.

☐ 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?  This Is a contract amendment.	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RECLAIM Grant  <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.  This program 100% funded by RECLAIM.
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.  JC330100
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.
----------------------------

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: This amendment is not late.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.16.24
Date documents were requested from vendor:	6.11.24
Date of insurance approval from risk manager:	5.29.24
Date Department of Law approved Contract:	6.7.24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) recurring program written into the Grant agreement.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
---

#### BC2025-385

Title	2025- Inmate Mattresses (Event #6264/ RQ #15642)
Department or Agency Name	SHERIFF'S
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	25002198	VICTORY SUPPLY, INC	2025	297,508.10	CURRENT ITEM	

Service/Item Description (include quantity if applicable).
THE RECURRING PURCHASE OF 1,730 INMATE MATTRESSES.
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 checked="" type="checkbox"/> Replacement
Age of items being replaced: VARIES How will replaced items be disposed of? DUMPSTER/LANDFILL
Project Goals, Outcomes or Purpose (list 3): REPLACE OLD MATTRESSES AS NEEDED

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):
VICTORY SUPPLY, INC 7025 INDUSTRIAL PARK RD. MOUNT PLEASANT, TN 38474	JENSON MUNCE, SENIOR SALES EXECUTIVE
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _15642_ (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:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 17 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  LOWEST WASN'T COMPLIANT	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  LOWEST COMPLIANT BID OF THE 2 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 FUNDS
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.  SH100140 - 52200
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/11/24
Date documents were requested from vendor:	5/23/25
Date of insurance approval from risk manager:	12/12/24
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
-----------------------------

**BC2025-386**

TITLE	FY25 Hazardous Materials Emergency Preparedness Grant – Year 1
DEPARTMENT OR AGENCY NAME	Department of Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
--	---

<p><b>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</b></p>	<p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
--	--

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Hazardous Materials Emergency Preparedness	10/1/2025- 9/30/2026	\$63,000.00	4/1/2024	BC2024-252
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The purpose of the Hazardous Materials Emergency Preparedness (HMEP) grant is to protect against the risks to life, property, and the environment that are inherent in the transportation of hazardous material in intrastate, interstate, and foreign commerce (Title 49 U.S.C. 5101) The HMEP grant supports the emergency preparedness and response efforts of States, federally recognized Tribes, and Territories that deal with hazardous materials emergencies, specifically those involving transportation. This grant also aids grantees in meeting the requirements of 301 and 303 of the Emergency Planning and Community Right-to-Know Act of 1986 (Title 42 U.S.C. Chapter 116). Awarded funds will assist County Hazmat Teams with training and planning for emergency response.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Commodity Flow Study			
		NASTTPO Conference & Workshop			

<p><b>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</b></p>	
<p><b>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.          FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.</b></p>	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	

SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	All
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Hazardous Materials Emergency Preparedness Grant, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration passed through from Ohio Emergency Management Agency.
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	Funding is 80% Federal, \$50,400 and a Local Match of 20% is required, \$12,600. The local match will be funded by the Local Emergency Planning Committee (LEPC) discretionary fund and/or FY26 State Emergency Response Commission grant funds, if approved.

# BC2025-387

Title	Purchase Order No. 25002274-STAC to McKesson Medical-Surgical Government Solutions LLC for purchase of one i-STAT Distributor Kit with a 3-year warranty for the amount of \$12,294.44.
Department or Agency Name	Medical Examiner's Office
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	25002274 -STAC	McKesson Medical-Surgical Government Solutions LLC	na	\$12,294.44	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Handheld analyzer provides reliable test results in just minutes, using as little as two drops of blood and a test cartridge. Comes with 3 year warranty.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<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>Analyze whole blood samples</p> <p>Handheld, battery operated</p> <p>Test results in 2 minutes</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):
<p>McKesson Medical-Surgical Government Solutions LLC</p> <p>9954 Marland Dr. Ste 5176</p> <p>Henrico, VA 23233</p>	<p>Brian Tyler, CEO</p> <p>Jill Moran, Account Exec.</p>
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> *See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)   /	<p><input checked="" type="checkbox"/> State Contract, list STS number and expiration date</p> <p>Ohio Buys</p> <p>State Contract No.</p> <p>CSP012601</p> <p>5/3/2025 thru 12/31/2026</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</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 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.  ME105105 / 52250 / ME-Coroner Lab
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):
-----------------------------

**BC2025-388**

Title	Cuyahoga County Job and Family Services and Catholic Charities Corporation – Pre-Employment Screening					
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	4579	Catholic Charities Corporation	7/1/2024 – 6/30/2025	\$500,000.00	6/17/2024	BC2024-470
A-1	4579	Catholic Charities Corporation	7/1/2025 6/30/2026	\$511,179.90	Pending	Pending
Service/Item Description (include quantity if applicable).						
Cuyahoga Job and Family Services is requesting approval of a contract Amendment 1 with Catholic Charities in the amount of \$511,179.90 to provide Pre-Employment Screening Services for the period of 7/1/2025 – 6/30/2026.						
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) See above for details.						
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement						
Age of items being replaced:			How will replaced items be disposed of?		N/A	
Project Goals, Outcomes or Purpose (list 3): Provide high quality, comprehensive pre-employment screening service for all OWF/SNAP applicants and recipients in Cuyahoga County. Conducts thorough assessments that will maximize the participation rates of persons needing AoD and/or MH assessments. To evaluate applicants' job readiness and identify potential barriers to employment prior to being assigned to work and training activities that will assist them in becoming self-sufficient.						

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Catholic Charities Corporation 7911 Detroit Avenue Cleveland, OH 44102	Spence Kline, Senior Director of Treatment, Prevention, and Recovery
Vendor Council District:	Project Council District:
District 3	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.  The original procurement method for this project was RQ#14249. The RFP closed on April 15, 2024. We are exercising an option year that was included in the original RFP.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A	<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) Exemption/CM 4579 <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.	
90% State/Federal and 10% Health and Human Services Levy 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.	
Accounting Unit: HS260195; Account: 55130; Activity: UCH08300	
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/Ongoing Service.	
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.
--

### BC2025-389

Title	2025 CBTS Technology Solutions LLC – State Contract Exemption – Voice Over IP (VOIP) Call Center Operations
Department or Agency Name	Cuyahoga Job and Family Services



Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
------------------	--

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5428	CBTS Technology Solutions LLC.	6/1/2025- 5/31/2027	\$264,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  Cuyahoga Job and Family Services is requesting approval of a state contract exemption with CTBS Technology Solutions, LLC for Voice Over IP (VOIP) Call Center Operations in the amount not to exceed \$264,000.00 for the period 6/1/2025 - 5/31/2027.
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?   N/A
Project Goals, Outcomes or Purpose (list 3): To improve the call center performance and the process of applying for SNAP Benefits. The service provided will include call recording for all calls received through the Contact Center using a computer and headset instead of a physical telephone. Additionally, because the same vendor operates the Contact Center, the screens used by the worker during the call will be recorded as well, adding an additional element of quality control. Upgrades to the phone system used for benefits processing.

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):
CBTS Technology Solutions LLC. 400 Metro Place N. Dublin, OH 43017	Will Bouharb, Senior Account Manager
Vendor Council District: N/A	Project Council District: Serving Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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

RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: N/A	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> Exemption <input checked="" type="checkbox"/> State Contract, list STS number and expiration date MCSA0003 <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? N/A	<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: N/A	<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 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. N/A, this system does not interface with the ERP system.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  50% Federal/State. 50% Cuyahoga County Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS26185; Account Number: 55130; Activity Code: UCH06010
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. Recurring Service/Purchase	
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 Master Service Product Agreement had to go through several revisions between the vendor and the Cuyahoga County Law department, which included a new Master Service Product agreement for the new term to be drafted, reviewed, and signed. Due to the multiple changes, it caused the contract to be delayed.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/9/2025
Date documents were requested from vendor:	4/9/25-ICWA, BWC, COI, ANBCS, Budget breakdown requested; 4/23/25-pricing for budget approved by CJFS; 4/25/25- requested that CBTS draft a new Master Service Product Agreement for the new term; 4/28/25- received drafted MSPA to be sent to legal; 5/12/25-received signed MSPA from CBTS; 5/20/25-new MSPA sent to CBTS for signature after revisions were made by law department; 5/29/25-received final signed MSPA from CBTS; As of 5/30/25, now awaiting TAC Approval.
Date of insurance approval from risk manager:	4/15/2025
Date Department of Law approved Contract:	5/29/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" 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	461	CBTS Technology Solutions LLC.	2/1/2021-5/31/2022	\$71,175.00	2/22/2021	BC2021-60 Item of Note #2
A-1	461	CBTS Technology Solutions LLC.	6/1/2022-5/31/2023	\$71,175.00	6/13/2022	BC2022-363
A-2	461	CBTS Technology Solutions LLC.	6/1/2023-5/31/2024	\$144,500.00	5/8/2023	BC2023-294

A-3	461	CBTS Technology Solutions LLC.	6/1/2024- 5/31/2025	\$150,000.00	5/20/2024	BC2024-385
-----	-----	---	------------------------	--------------	-----------	------------

# BC2025-390

Title	Office of Child Support Services and Cuyahoga Job and Family Services/Contract/2 Year contract for location services for non-custodial parents performed by West Publishing Corporation through the Consolidated Lead Evaluation and Reporting database (CLEAR) through a Participation Agreement between the County Commissioners Association of Ohio Service Corporation (CCAOSC) and the Board of County Commissioners/County Executive for Cuyahoga County
Department or Agency Name	Office of Child Support Services and 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	5431	CLEAR	6/1/2025 – 5/31/2027	54,381.60	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>County Commissioners Association of Ohio Service Corporation (CCAOSC) through a competitive process, entered into an agreement with West Publishing Corporation who provides CLEAR services for Participants at statewide pricing. CCAOSC in conjunction with Ohio CSEA Directors' Association (OCDA), which manages the financial &amp; administration portion of the agreement &amp; participating counties developed a participation agreement. ORC Section 9.48(C) exempts certain purchases by a political subdivision from competitive bidding through participation in an association program, which this agreement will provide at reduced costs.</p> <p>The Clear database provides personal, residential, financial, criminal, and social media information which is required to be able to conduct a thorough criminal investigation. The data that is collectively gathered is imperative when establishing repayment agreements with clients.</p> <p>There will be a total of 45 CLEAR users and 3 RTIA licenses that will have access to the Clear database for the period 06/01/2025 – 05/31/2027. (5) CLEAR licenses + 1 RTIA license from CJFS Investigations Unit, and (40) CLEAR licenses from the OCSS Unit + 2 RTIA licenses.</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):</p>
--

To obtain client information to be able to investigate benefit fraud and/or to initiate repayment  
Data collection  
To establish repayment agreements

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):
County Commissioners Association of Ohio Service Corporation (CCAOSC) 209 East State Street Columbus, OH 43215	Cheryl Subler, Executive Director
Vendor Council District:	Project Council District:
County wide	Serving 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: N/A	Provide a short summary for not using competitive bid process.  There is currently not a competitive procurement process in place. ORC Section 9.48(C) exempts certain purchases by a political subdivision from competitive bidding through participation in an association program described in ORC Section 9.48(B)  *See Justification for additional information.
	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A	<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 checked="" type="checkbox"/> Other Procurement Method, please describe: This is an Exemption because this is a statewide contract for specific services which allows us to lower the cost of the services by combining our buying power with many other counties across the state.

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.      N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	
*Usage of the Consolidated Lead Evaluation and Reporting database (CLEAR) which provides location services for Non-Custodial Parents is utilized by the following Cuyahoga County agencies in this Participation Agreement.	
Office of Child Support Services (OCCS)	and Cuyahoga Job and Family Services (CJFS)
57% Federal	7% Federal/State
29% State Local	7% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.	
Cuyahoga Job and Family Services - HS260225/55130/UCH06140    \$7,834.40	
Office of Child Support Services    - HS245100/55130/UCH00000    \$46,547.20	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.
In progress.
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 Participation Agreement that was initially received 4/25/2025 was returned to the State for revision. The revised Participation Agreement and legal approval was received 5/29/2025. Thus resulting in a late submission as the contract begin period is 6/1/2025 – 5/31/2027.
Timeline

Project/Procurement Start Date (date your team started working on this item):	4/25/2025
Date documents were requested from vendor:	5/1/2025; 5/14/2025
Date of insurance approval from risk manager:	N/A – Participation Agreement
Date Department of Law approved Contract:	5/29/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: 6/10/2025 – Updates to BM were requested by BOC	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" 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	CM1707	CLEAR21	6/1/2021 – 5/31/2023	\$47,598.60	8/23/2021	BOC2021-467
A1	CM3526	CLEAR21	6/1/2023 – 5/31/2025	\$45,437.40	5/30/2023	BC2023-351
A2	CM3526	CLEAR21	Effective upon signature – 5/31/2025	\$7,200.00	7/10/2023	BC2023-732

### BC2025-391

Title	2025 Revenue Generating Agreement – McGregor Pace
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 type="checkbox"/> Amendment <input checked="" 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	5450	McGregor Pace	2/1/2025-12/31/2025	\$42,527.05	Pending	Pending

Service/Item Description (include quantity if applicable).
Provide and employ a sufficient number of CJFS trained workers whose assigned caseloads will exclusively consist of PACE consumers enrolled or seeking enrollment on McGregor Pace Medicaid applications.

Revenue Generating agreement will be \$42,507.05 for year 1 of 2025 paid on a quarterly basis.
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): Caseworkers responsible for determining income eligibility for McGregor Pace Income eligibility shall also be determined by a caseworker for McGregor Pace

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):
McGregor Pace 26310 Emery Road Warrensville Hts, OH 44128	Tangi McCoy, Chief Executive Officer
Vendor Council District:	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 type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  A revenue generating agreement is being requested because McGregor Pace is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete McGregor Pace Medicaid applications.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date



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

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.  The project is a revenue-generating agreement where McGregor Pace will pay CJFS for this program.
Is funding for this included in the approved budget? <input 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.  No accounting units are used because this is revenue generating
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. New 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: There were initially back and forth about when the project will start and making changes to the contract terms. Vendor needed to register McGregor Pace with Cuyahoga County and this processed was delayed by the vendor. Vendor completed the registration for AG and submitted their W-9 to obtain a vendor number and supplier number. There was multiple request made to obtain documents from the vendor. We received all the documents on 5/23/2025.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/19/2024
Date documents were requested from vendor:	3/13/2025, 3/31/2025, 4/14/2025, 4/30/2025, 5/6/2025, 5/13/2025, 5/19/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	5/9/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
-----------------------------

### BC2025-392

Title	The Division of Children and Family Services needs to make a final payment on expired Contract CM4026 which expired on 12/31/2024
Department or Agency Name	Division of Children and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	4026	The Centers for Families and Children	12/21/2023- 6/30/2024	\$450,000.00	12/21/2023	BC2023- 847
A1	4026	The Centers for Families and Children	Ext to 12/31/2024	\$0.00	12/16/2024	BC2024- 942
	PO25002015	The Centers for Families and Children		\$75,712.84	pending	pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The vendor serves youth waiting for longer term placement and remove the need for the current onsite childcare room at the Jane Edna Hunter Building. The Child Wellness Campus will operate 24/7, 365 days per year for residential placements of youth.</p> <p>This is a purchase order PO 25002015 to make a payment for 1/1/2024-12/31/2024 services for a contract (CM4026) that expired on 12/31/2024.</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)
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): To provide immediate access to safe and secure residential placement for youth. To build upon the above residential services with additional wraparound services to youth placed at the Child Wellness Campus or alternative site.

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):
The Centers for Families and Children 4500 Euclid Avenue Cleveland, OH 44115	Eric Morse, President and CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A PO to process payment on a final invoice. The original procurement method was an RFP.  *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% by Health and Human Services Levy Funds.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  HS215100 / 56010 / UCH05510
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.  Payment on an expired contract	
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 contract was accidentally closed at the end of 2024. Staff tried to copy the contract but it was never submitted for approval. The vendor asked for payment and it fell off the radar. We are finally submitting for approval.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Various times
Date documents were requested from vendor:	No need documents already in hand
Date of insurance approval from risk manager:	N/A-PO
Date Department of Law approved Contract:	TBD
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:None	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) PO for final payment	

Have payments been made? ☐ No ☒ Yes (if yes, please explain) payments were made when the contract was active. This is a Purchase Order to make final payment

HISTORY (see instructions): see chart above

**BC2025-393**

Title	Joseph's Home CM 4687; 2025-2026 Amendment 1 for Temporary Housing for Medically Fragile Homeless Men
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4687	Joseph & Mary's Home	7/1/24 – 6/30/25	\$267,547.00	09/23/2024	BC2024-675
A-1	4687	Joseph & Mary's Home	7/1/25 – 6/30/26	\$267,547.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Joseph's Home plays a critical role in the Homeless Continuum of Care by serving men experiencing homelessness with acute medical issues. The shelter is an eleven-bed facility with private rooms, ongoing medical supervision, medication management, nutritious home-cooked meals, and coordination with local healthcare providers. Residents also receive intensive case management that includes the development of permanent housing plans, benefits review, transportation to and from any needed medical or housing appointments, and supportive programming that identifies community resources and supports. The organization follows a housing first philosophy with few barriers to entry, voluntary services and a focus on exiting residents to housing as efficiently as possible. Services continue post-discharge in the community using a Critical Time Intervention approach. This is an amendment to the original contract amending time and funding, no scope changes.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide basic, temporary housing and safety net services for medically fragile homeless men, in accordance with all continuum of care emergency shelter standards;
- Provide intensive case management to address barriers to housing stability;
- Link shelter guests with permanent housing upon discharge

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: Joseph & Mary's Home 2412 Community College Avenue Cleveland, OH 44115	Owner, executive director, other (specify): Beth Graham, executive director
Vendor Council District: 7	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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.  Provider serves a high-barrier population with highly specialized activities and medical support that would be in _____  *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 checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  HS260350 55130 UCH00000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	04/02/25
Date documents were requested from vendor:	04/02/25
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: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Provider has continued services as described in the amendment that ended 6/30/23. The provider was made aware that payment for services after this date will be contingent on execution of the pending amendment.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
---

## C. - Consent Agenda

### BC2025-394

(See related items for proposed travel/memberships for the week of 6/16/2025 in Section C above).

### BC2025-395

(See related items for proposed purchases for the week of 6/16/2025 in Section C above).

## V – OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

TITLE	Emergency Erosion Assistance Grant Award \$1,000,000; Grant Extension
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).  <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Emergency Erosion Assistance Grant	7/1/2021 – 10/1/2022	\$1,000,000.00	9/7/2021	CON2021-96
AMENDMENT (A-1)	Emergency Erosion Assistance Grant	7/1/2021 – 10/1/2023	\$1,000,000.00	8/28/2023	CON2023-91
AMENDMENT (A-2)	Emergency Erosion Assistance Grant	7/1/2021 – 6/30/2025	\$1,000,000.00	8/28/2023	CON2023-91
AMENDMENT (A-3)	Emergency Erosion Assistance Grant	7/1/2021 – 6/30/2026	\$1,000,000.00	Pending	Pending



DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Works requests approval of an extension to a grant agreement with the Ohio Department of Natural Resources/Office of Coastal Management in the amount of \$1,000,000 for emergency erosion assistance for the Beulah Park-Euclid Beach Connector Trail – Phase 1 in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 7/1/2021 – 10/1/2025. The performance period is now extended to 6/1/2026.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Grant funds will be used for engineering and constructions costs to provide continuous shoreline protection (integrated armor stone revetment and nature-based shoreline) and public access along two (2) miles of an eroding shoreline from Euclid Beach Park east to East 185th Street.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	10
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	City of Cleveland

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Natural Resources – Emergency Erosion Assistance Grant (EEAG)
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

**Item No. 2**

TITLE	Human Resources – Notice of Ohio TechCred Round 30 Grant Acceptance per BOC Item of Note No. 2 March 31, 2025
DEPARTMENT OR AGENCY NAME	Human Resources

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	---

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ohio TechCred Round 30	12/1/2024- 3/31/2026	\$29,975	3/31/2025	CON2025-25
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Ohio Department of Development provides the Ohio TechCred reimbursement grant for technical training six times a year. This grant reimburses the County up to \$2,000 per credential received, up to the total of \$29,975.00. All credentials must be completed within a year of the award.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Improve the skills of County employees.				
	Provide credentials for technical training to County employees.				
	Supplement the existing training staff capabilities.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	

SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Development reimbursement of County funds
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

### Item No. 3

TITLE	Human Resources – Notice of Ohio TechCred Round 31 Grant Acceptance per BOC Item of Note No. 2 March 31, 2025
DEPARTMENT OR AGENCY	Human Resources

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).  <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.

ORIGINAL (O)	Ohio TechCred Round 31	2/1/2025-5/31/2026	\$29,960	3/31/2025	CON2025-25
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Ohio Department of Development provides the Ohio TechCred reimbursement grant for technical training six times a year. This grant reimburses the County up to \$2,000 per credential received, up to the total of \$29,960.00. All credentials must be completed within a year of the award.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Improve the skills of County employees.				
	Provide credentials for technical training to County employees.				
	Supplement the existing training staff capabilities.				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Development reimbursement of County funds
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

**Item No. 4**

TITLE	Extradition Transport Reimbursement Funding 2024
DEPARTMENT OR AGENCY NAME	Sheriff's Department

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	---

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Extradition Transport Reimbursement Funding 2024	13 separate awards from the Ohio Department of Public Safety, Office of Criminal Justice Services' awards for 13 distinct extraditions occurring during 2024 (7/1/2024–12/31/2024)	\$17,131.55	n/a	
		8/1/24-9/30/24	\$1,162.00		
		9/1/24-9/30/24	\$1,692.32		
		8/1/24-9/30/24	\$1,278.20		
		7/1/24-6/30/25	\$929.60		
		8/8/24-8/9/24	\$1,359.54		
		10/1/24-10/31/24	\$1,269.24		
		8/1/24-9/30/24	\$1,045.80		

		7/31/24-8/1/24	\$958.65		
		8/1/24-9/30/24	\$1,801.10		
		9/1/24-9/30/24	\$1,462.65		
		9/1/24-9/30/24	\$1,812.90		
		9/1/24-12/31/24	\$1,362.29		
		10/1/24-10/31/24	\$997.26		
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The State of Ohio's Extradition Funding reimburses local law enforcement agencies for the cost of in-state and out-of-state extraditions of dangerous wanted offenders back to Ohio to face criminal charges. Cuyahoga County is being reimbursed for Sheriff's Department overtime costs associated with 13 out of state extraditions of persons wanted for Tier 1 offenses. Tier 1 offenses are defined as felony offenses of violence that involve substantial risk to public or officer safety. The 13 separate awards total \$17,131.55.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Obtain notification of the location of Tier 1 offenders wanted by Cuyahoga County Prosecutor's Office				
	Extradition of out-of-state Tier 1 offenders back to Cuyahoga County to face criminal charges				
	Reimbursement of overtime costs associated with overnight extradition trips				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	N/A
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety, Office of Criminal Justice Services
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	N/A

**Item No. 5**

TITLE	SHERIFF'S DEPARTMENT FY2025-2027 LOCAL INCARCERATION PROGRAM
DEPARTMENT OR AGENCY NAME	Sheriff's Department

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	---

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections Act Grant	7/1/2025 – 6/30/2027	\$420,008.00	10/3/2023	FY23-24 (CON2023-99)
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The LIP grant in Cuyahoga County is conducted with the support of the Corrections Planning Board since 2013. This local sentencing option may be ordered at sentencing or probation violation hearing for felony offenders. The LIP grant aims to decrease prison intakes by allowing offenders with short-term sentences to serve their time locally, keeping them closer to home and enabling easier reentry upon release. By not sending offenders to prison and holding				

	them locally reduces recidivism rates to these low-level risk offenders. This sentencing program also helps offenders avoid being assigned a state prison number, which decreases employment opportunities upon their release. This grant provides the County with funds to help cover the costs of holding these offenders. The grant period is July 1, 2025 to June 30, 2027.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	1) Divert eligible offenders from entering state prison system
	2) Keep eligible offenders closer to home & family
	3) Reimbursement of cost of CCSD Correctional Officers

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	N/A
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Rehabilitations and Corrections
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	N/A



**Item No. 6**

(See related list of Contracts \$0.00 - \$10,000.00 and Various Agreements – processed and executed for the week of 6/16/2025 in Section V. above).

**VI – PUBLIC COMMENT****VII – ADJOURNMENT**