



**Cuyahoga County Board of Control Agenda  
Monday, June 23, 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 – 6/16/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-396**

Department of Public Works, submitting an amendment to Contract No. 2512 with T&G Flying Club, Inc. for lease of office space and aircraft tie-down fees at the Cuyahoga County Airport Safety Building, Area B, Suites G-L at 26300 Curtiss Wright Parkway, City of Richmond Heights for the period 1/1/2017 – 6/30/2025, to extend the time period to 6/30/2026, to revise the scope of the lease as stated in Section 3 a) through d), and for additional revenue in the amount not-to-exceed \$24,567.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2025-397**

Department of Public Works, submitting an amendment to Contract No. 4547 with Info Tech, Inc. dba Info Tech Operating, LLC for Appia Standard Software Licenses for Construction Administration and Inspection Services for the period 6/16/2024 - 6/15/2027, to add an additional three (3) software licenses to replace Exhibit A of the original contract with amended Exhibit A and for additional funds in the amount not to exceed \$11,400.00, effective 6/16/2025.

Funding Source: Road and Bridge Fund

**BC2025-398**

Department of Public Works, submitting an amendment to Contract No. 4718 with CATTS Construction Inc. for resurfacing of Clague Road from Lorain Road to Marion Road in the City of North Olmsted for additional funds in the amount not-to-exceed \$61,830.69.

Funding Source: 100% Municipality

**BC2025-399**

Department of Public Works, submitting an amendment to Contract No. 5242 with Industrial Water Management LLC for water mitigation services for the period 3/18/2025 - 3/18/2026 to amend the scope of services in Exhibit A, and for additional funds in the amount not-to-exceed \$220,132.60, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-400**

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5479) with Securus Technologies, LLC, in the amount of \$53,875.56 to provide telephonic and other services at the Juvenile Justice Center facility for a period of 12 months, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2025-401**

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Sports Commission in the amount not-to-exceed \$220,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5473) with Greater Cleveland Sports Commission in the amount not-to-exceed \$220,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-402**

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Film Commission in the amount not-to-exceed \$210,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5474) with Greater Cleveland Film Commission in the amount not-to-exceed \$210,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-403**

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Global Cleveland in the amount not-to-exceed \$150,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5475) with Global Cleveland in the amount not-to-exceed \$150,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-404**

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to New Horizons Learning LLC in the amount not-to-exceed \$13,275.00 for the purchase of Microsoft Office Suite Product Training Courses (25 for Excel, 20 for PowerPoint) under the Ohio TechCred Grant to be used between 6/23/2025 and 12/31/2025.
- b) Recommending an award on Purchase Order No. 25002398 to New Horizons Learning LLC in the amount not-to-exceed \$13,275.00 for the purchase of Microsoft Office Suite Product Training Courses (25 for Excel, 20 for PowerPoint) under the Ohio TechCred Grant to be used between 6/23/2025 and 12/31/2025.

Funding Source: 100% Ohio TechCred Round 29 Grant

**BC2025-405**

Court of Common Pleas/Corrections Planning Board, recommending an award and enter into Agreement No. 5480 with The Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount not-to-exceed \$103,134.00 for Recovery Housing Services for offenders with serious mental health illness and substance use disorders participating in the Piloting a Mental Health Docketing Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders Program for the period 1/1/2025 – 9/30/2027.

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

**BC2025-406**

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Americab Transportation, Inc. in the amount not-to-exceed \$10,000.00 for non-emergency transportation services for youth under the supervision of the Court's community-based intervention programs for the period 1/1/2025 - 6/30/2026.

- b) Recommending an award and enter into Contract No. 5415 with Americab Transportation, Inc. in the amount not-to-exceed \$10,000.00 for non-emergency transportation services for youth under the supervision of the Court's community-based intervention programs for the period 1/1/2025-6/30/2026.

Funding Source: RECLAIM Grant

**BC2025-407**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Axon Enterprise, Inc. in the amount not-to-exceed \$50,424.48 for the purchase of (8) Axon Body 4 8- bay docks.
- b) Recommending an award on Purchase Order No. 25002329 to Axon Enterprise, Inc. in the amount not-to-exceed \$50,424.48 for the purchase of (8) Axon Body 4 8- bay docks.

Funding Source: Federal Equitable Sharing Account

**BC2025-408**

Sheriff's Department, submitting an amendment to Contract No. 1909 with Watch Systems, LLC for sex offender notification mailing services for the period 1/1/2022 – 12/31/2026, to add the cost per card shall not exceed \$.75; and for additional funds in the amount not-to-exceed \$300,000.00, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-409**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on Purchase Order No. 25002369 to Carahsoft Technology Corporation in the amount not-to-exceed \$72,419.20 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2025 - 7/7/2026.

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

**BC2025-410**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5309) with Oriana House in the anticipated amount not-to-exceed \$17,010.82 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for consumers seeking enrollment in Oriana House's diversion program or transitioning back into the community for the period 6/1/2025-6/30/2026.

Funding Source: Revenue Generating

## C. – Exemptions

### BC2025-411

Medical Examiner's Office, recommending an alternative procurement process, which will result in an award recommendation to Promega Corporation and Life Technologies in the amount not to exceed \$283,529.00 to procure genetic testing kits and other consumable supplies for the period 10/1/2024 - 9/30/2026.

Funding Source: U. S. Department of Justice FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program

## D. – Consent Agenda

### BC2025-412

Fiscal Department, presenting proposed travel/membership requests for the week of 6/23/2025:

Dept:	Department of Sustainability							
Event:	USDN 2025 Central Regional Meeting							
Source:	Urban Sustainability Directors network							
Location:	St Louis, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Melanie Knowles	08/25/2025 – 08/27/2025	\$450.00	\$97.00	\$0.00	\$5.00	\$345.00	\$897.00	General Fund
Katharyne Starinsky	08/25/2025 – 08/27/2025	\$450.00	\$97.00	\$0.00	\$5.00	\$345.00	\$897.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\*Lodging is included in registration fee

#### Purpose:

The USDN's 2025 Regional Meetings serve as an opportunity for members to learn from content experts, share ideas, and build relationships to tackle some of the most pressing climate challenges facing their communities.

Dept:	Sheriff's Department
Event:	Physical Security Assessment Training Program
Source:	Federal law Enforcement Training Center (FLETC)

Location:	Glynco, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	7/7/2025 – 7/11/2025	\$0.00	\$240.00	\$0.00	\$80.00	\$800.00	\$1,120.00	Continued Professional Training Fund
Jay Hodge	7/7/2025 – 7/11/2025	\$0.00	\$240.00	\$0.00	\$80.00	\$800.00	\$1,120.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Travel to Glynco, GA to attend the Physical Security Assessment Training Program. As the Captain over the Field Operations Unit, a good portion of my responsibilities building security of the Justice Center. Attending this training will provide me with knowledge and tools to ensure that the Justice Center and the people inside are safe and secure.

Dept:	Sheriff's Department							
Event:	Command & Staff Leadership Program							
Source:	Cuyahoga County Sheriff Department							
Location:	Cleveland, OH							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Courtney Schoger	9/22/2025 – 10/3/2025	\$4,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,950.00	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The long-term goal of the program is to add to the leadership skill sets of each participant; it is also to contribute to the body of knowledge of law enforcement through the completion of significant foresight-based research. Course requires 240 online hours and 80 in person hours.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Re-entry							
Event:	52 <sup>nd</sup> Annual National Association of Blacks in Criminal Justice Conference (NABCI)							
Source:	National Association of Blacks in Criminal Justice							
Location:	Houston, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Marcus Bell	7/20/2025 – 7/24/2025	\$475.00	\$293.00	\$599.04	\$200.00	\$546.97	\$2,114.01	Health and Human Services Levy
Simeon Best	7/20/2025 – 7/24/2025	\$475.00	\$293.00	\$599.04	\$200.00	\$546.97	\$2,114.01	Health and Human Services Levy

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Request to attend the 52nd Annual National Association of Blacks in Criminal Justice (NABCI) Conference in Houston, TX. The conference theme is "Reshaping Criminal Justice: Transforming Solutions, Empowering Equity, and Building Trust".

**BC2025-413**

Department of Purchasing, presenting proposed purchases for the week of 6/23/2025:

**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
25002361	(2) Search and Rescue (SAR) Cameras & Accessories for OHR2 USAR	Department of Public Safety and Justice Services	MidWest Rescue Products, Inc.	\$26,445.00	FY2022 Urban Area Security Initiative (UASI) Grant

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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25002291	Factory Authorized – Boiler Parts *	Department of Public Works	The Smith & Oby Company	\$13,665.00	General Fund
25002030	Out-of-home care placement services for the period 4/1/2025-4/30/2025 **	Division of Children and Family Services	Alliance Summit Group LLC	\$41,239.92	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
25002310	Out-of-home care placement services for the period 11/22/2024-11/30/2024 & 12/1/2024-12/9/2024 **	Division of Children and Family Services	Turning Point Residential Services	\$13,860.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
25002340	Out-of-home emergency placement services for the period 9/1/2024 & 9/9/2024 **	Division of Children and Family Services	Secure Transportation Services	\$13,800.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement 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.

\*\*Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00.

## **V- OTHER BUSINESS**

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

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

Court of Common Pleas/Juvenile Court Division, submitting a Grant Agreement and Funding Application (Attachment A) with State of Ohio, Department of Youth Services in the amount of \$6,535,175.85 for various programs in connection with the SFY2026 RECLAIM Ohio Grant for the period 7/1/2025 – 6/30/2027.

Funding Source: SFY2026 RECLAIM Ohio Grant Funds



**Item No. 2**

Court of Common Pleas/Juvenile Court Division, submitting a Funding Application Update to a grant agreement and funding application to the State of Ohio, Department of Youth Services for various programs in connection with the RECLAIM Ohio Grant for the period 7/1/2023 – 6/30/2025 to make budget line item revisions and to change the amount from \$9,767,485.50 to \$9,797,485.50.

Funding Source: SFY2025 RECLAIM Ohio Grant

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

## Minutes

Cuyahoga County Board of Control

Monday, June 16, 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 11:01 a.m.

#### Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)

Mellany Seay, Finance and Operations Administrator, Department of Public Works

(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Joseph Nanni, County Council (Alternate for Meredith Turner; entered the room at 11:20 a.m. – Mr. Nanni continued as alternate)

Levine Ross, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 6/9/2025**

Leigh Tucker motioned to approve the minutes from the June 9, 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**

##### **BC2025-379**

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

Thomas Pavich, Department of Public Works, presented. Joseph Nanni asked where these will be located; asked will there be additional costs for maintenance and removal. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-379 was approved by unanimous vote.

#### **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

Sheila Obrycki, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-380 was approved by unanimous vote.

#### **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

Dennis Sullivan, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-381 was approved by unanimous vote.

#### **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

Adam Akers, Fiscal Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-382 was approved by unanimous vote.

#### **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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-383 was approved by unanimous vote.

#### **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

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-384 was approved by unanimous vote.

#### **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

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-385 was approved by unanimous vote.

**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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-386 was approved by unanimous vote.

**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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-387 was approved by unanimous vote.

**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 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 \$511,179.90.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item as amended; Paul Porter seconded. Item BC2025-388 was approved by unanimous vote as amended.

**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

Marcos Cortes, Department of Health and Human Services, presented. Levine Ross asked will this enhancement help determine why calls have been disconnected. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-389 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-390 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-391 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-392 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-393 was approved by unanimous vote.

**C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-394 through BC2025-395; Joseph Nanni seconded. The Consent Agenda Items were approved by unanimous vote.

**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 on taking place from July 8, 2025, through July 10, 2025	\$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

**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	\$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)	(Executive) 6/3/2025

	Rocky River - Council Districts 1 and 2			14% City of Lakewood (\$1,400,000)	
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**VI – PUBLIC COMMENT**

There was no public comment.

**Joseph Nanni commented he has one quick item: He learned today this is Dennis Sullivan’s last Board of Control meeting before he retires and just wanted to say that he appreciated knowing him throughout. Mr. Nanni further commented in his first week at Cuyahoga County he met Dennis and he has always been great to work with and thanked him for his service. Leigh Tucker commented that we will miss Dennis.**

**VII – ADJOURNMENT**

Leigh Tucker motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:21.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-396**

Title	4th Amendment of revenue generating lease with T&G Flying Club, Inc. The Department of Public Works wishes to amend a revenue generating lease with T&G Flying Club, Inc., 2025 for space located at the Cuyahoga County Airport.
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" 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	N/A	T & G Flying Club, Inc.	1/1/2017-12/31/2019	\$75,984.00	03/28/2017	R2017-0048
(A-1)	N/A	T & G Flying Club, Inc.	Extend to 06/30/2022; to expand the scope of the lease to include Suite F	\$ 48,532.50	11/04/2019	BC2019-794
(A-2)	2512	T & G Flying Club, Inc.	Extend to 06/30/2024	\$ 38,826.00	06/13/2022	BC2022-357
(A-3)	2512	T & G Flying Club, Inc.	Extend to 6/30/2025	\$22,173.00	6/24/2024	BC2024-474
(A-4)	2512	T & G Flying Club, Inc.	Extend to 6/30/26	\$24,567.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>Department of Public Works is requesting approval of an amendment to a revenue generating lease/contract with T&amp;G Flying Club, Inc. to extend the time period to 6/30/2026 and for additional funds in the amount \$24,567.00.</p> <p>T&amp;G leases approximately 1,428 square feet of space at the County Airport Administrative building located at 26300 Curtiss-Wright Pkwy, Richmond Heights, Ohio plus tie-down spaces on the adjacent apron.</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>
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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 primary goal of the project is to extend this lease of space so that T&G can continue to provide vital education and charter services to the flying public as well as provide revenue to the County to assist with operational costs.

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):
T&G Flying Club, Inc. 26300 Curtiss-Wright Pkwy Richmond Heights, Ohio 44143 Council District 11	Mr. Larry Rohl
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.  The leased space is located at 26300 Curtiss-Wright Pkwy., Richmond Heights, Ohio, 44143 at the Cuyahoga County Airport located in Richmond Heights, Highland Heights and Willoughby Hills.	

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.  This is an amendment to a current lease which will provide over \$24K in revenue to the County. This is a revenue generating contract.  *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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Revenue Generating <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.  Revenue Generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): The project is entirely revenue generating to the County, no expenditure of funds is required.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):  The schedule of rent payments to the County is monthly.

Provide status of project.  The proposed project is a 4th amendment to the current lease which is due to expire on June 30th, 2025. This amendment changes the term by extending it an additional one year. The history of this lease started in 2017 and ran through 12/31/2019 which was extended to June 30th, 2022; then to June 30, 2024, and then again to June 30, 2025.  Extend the current revenue generating agreement for one year. The extension will provide over \$24K in additional revenue to the County.
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The revenue generating lease amendment needs a signature in ink by July 31, 2025.	
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 at top
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#### BC2025-397

Title	Public Works - CM4547-Amendment-APPIA Standard Software Additional Licenses
Department or Agency Name	Department of Public Works
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.
(A-1)	CM4547	Info Tech, Inc. dba Infotech	06/16/2025- 06/15/2027	\$11,400.00	PENDING	PENDING
(O)	CM4547	Info Tech, Inc. dba Infotech	06/17/2024- 06/16/2027	\$85,500.00	06/10/2024	BC2024-437

<p>Service/Item Description (include quantity if applicable).</p> <p>Public Works is requesting an additional three (3) licenses to the existing fifteen (15) software licenses with Info Tech. The vendor will provide the County with a total of eighteen (18) software licenses for Appia Construction Administration and Inspection Service, a mobile accessible web application that manages project cost estimation, proposal development, advertising and construction administration and other related services. The County will own its own data and can request a dump of data as often as it would like.</p>
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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): The primary goal of this request is to secure additional Appia licenses that will help the Public Works Department in managing their construction projects.

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):
Info Tech, Inc. dba Infotech 2970 SW 50 <sup>th</sup> Terrace Gainseville, FL 32608	Nick Duval, Director of Governance
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.  Requesting an amendment to add three (3) additional licenses to the existing software for managing construction projects.  *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) Exemption
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Road & 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.  PW270100 54020
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. Amending current contract	
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):	4.1.25
Date documents were requested from vendor:	5.2.25
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	5.1.25
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 type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	CM2518(O)	Info Tech, Inc., dba Infotech	06/14/2019-06/16/2021	\$38,000.00	06/17/2019	BC2019-462
	CM2518(A-1)	Info Tech, Inc., dba Infotech	06/17/2019-06/16/2022	\$28,500.00	04/05/2021	BC2021-156
	CM2518(A-2)	Info Tech, Inc., dba Infotech	06/17/2022-06/16/2023	\$28,500.00	06/21/2022	BC2022-372
	CM2518(A-3)	Info Tech, Inc., dba Infotech	06/17/2023-06/16/2024	\$28,500.00	03/06/2023	BC2023-134

#### BC2025-398

Title	Clague Road Rehabilitate Existing Roadway from Lorain Road to Marion Road in the City of North Olmsted.
Department or Agency Name	Public Works 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 Approved/ Council's Journal Date	Approval No.
Original	CM 4718	Catts Construction Inc	N/A	\$2,479,899.76	7/30/2024	R2024-0298
AMD #1	4718	Catts Construction Inc		\$61,830.69	Pending	

Service/Item Description (include quantity if applicable). Indicate whether ☒ New or ☐ Existing service or purchase. The project includes the rehabilitation of approximately 0.97 miles and Clague Road from Lorain Road to Marion Road in the City of North Olmsted. Work tasks include the installation of new asphalt intermediate and surface courses overlay, full and partial depth pavement repairs and curb repairs, as required, utility adjustments, ADA upgrades and new pavement markings for the length of the corridor. A northbound left turn

lane to Maple Ridge Road will be installed requiring the widening of the road., and a pedestrian hybrid beacon at Alexander Road / Little Clague Park will be installed
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):  See above description:
If a County Council item, are you requesting passage of the item without 3 readings. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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):
Catts Construction Inc. 21223 Aurora Rd., Bedford, Ohio 44146	Mike Dempsey - President
Vendor Council District:	Project Council District:
District 9	District 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	North Olmsted

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if 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. N/A  *See Justification for additional information.
The total value of the solicitation: \$2,479,899.76	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 7	<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 ( 7% ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. DBE Goals accepted by ODOT	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment (list original procurement)

Mathematically Balanced	<input type="checkbox"/> Other Procurement Method, please describe:
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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 services covered under the original ERP Budget or Project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source
This amendment is funded 100% by the Municipality.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
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.	
<input checked="" type="checkbox"/> New Service or purchase <input type="checkbox"/> Recurring service or purchase	Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:	
Timeline: Project/Procurement Start Date (date your team started working on this item):	9/30/2024
Date documents were requested from vendor:	7/12/2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
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**BC2025-399**

Title	Public Works-Water Mitigation Services for Justice Center-AMEND #1-Industrial Water Management, LLC dba IWM-USA, LLC	
Department or Agency Name	Department of Public Works	
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.
(A-1)	CM5242	Industrial Water Management LLC, dba IWM-USA, LLC	Upon execution through 3/18/2026	Not-to-exceed \$220,132.60	PENDING	PENDING
(O)	CM5242	Industrial Water Management LLC, dba IWM-USA, LLC	03/18/2025-03/18/2026	Not-to-Exceed \$125,000.00	03/17/2025	BC2025-182

Service/Item Description (include quantity if applicable). Public Works is requesting approval of a contract amendment with Industrial Water Management, LLC dba IWM-USA in the amount not-to-exceed \$220,132.60 for water mitigation services at the Justice Center complex.
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): Public Works is requesting approval of a contract amendment with Industrial Water Management, LLC dba IWM-USA for additional funds for water mitigation services at the Justice Center complex.

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):
Industrial Water Management, LLC, dba IWM-USA, LLC	Jim Lark, Healthcare Division Risk Officer

21 E. State Street Suite 200 Columbus, Ohio 43215	
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. This is for an amendment to an existing contract for needed additional funds of \$220,132.60. There is no change to the time period.
The total value of the solicitation: NTE \$220,132.60	<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) CM5242 <input type="checkbox"/> Other Procurement Method, please describe:

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



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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Capital 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.  PW600100 55200 CFCTW0000202
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):	5.29.25
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	5.29.25
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 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):
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#### BC2025-400

Title	Revenue Generating Services Agreement by/between Cuyahoga County Department of Public Works and Securus Technologies, LLC for Cuyahoga County Public Works, “contractor” to provide installation of Securus infrastructure and equipment at the Juvenile Justice Center for a period of twelve (12) months in the amount of \$53,875.56
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 checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):



	<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 Non-Competitive RFP Exemption

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 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.  Revenue Generating Revenue Generating at approximately \$49,375.56 91.65% wages/labor and \$4,500.00 8.35% materials for a total estimated amount of \$53,875.56 and Project Number: 70214, Project Name: JJC Securus Project, Account 54750
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  Accounting Unit PW750100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): according to service agreement

Provide status of project.	
The Revenue Generating Services Agreement is for Cuyahoga County Public Works to Provide Installation of Securus Infrastructure and Equipment at the Juvenile Justice Center. Project Number: 70214, Project Name: JJC Securus Project, and Project Manager: Dan Paul and is pending approval.	
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):	02/25/25
Date documents were requested from vendor:	04/19/24
Date of insurance approval from risk manager:	11/27/23 Securus and 03/04/25 County self-insurance letter
Date Department of Law approved Contract:	04/19/24
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Had an issue Cherwell ticket incident#308795 (CM5332 can not be found in INFOR) and IT suggested start new contract. New contract number is CM5479.	
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):
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#### BC2025-401

Title	Department of Development; Greater Cleveland Sports Commission; CM 5473; Operating Support – Effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
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	5473	Greater Cleveland Sports Commission	Effective upon signatures of all parties for a period of 1 year.	\$220,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
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Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Sports Commission in the amount not-to-exceed \$220,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Recommending an award and enter into a Grant Agreement (via Contract No. 5473) with Greater Cleveland Sports Commission in the amount not-to-exceed \$220,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

The payment is for operating support; no services are provided directly to Cuyahoga County.

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

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

Project Goals, Outcomes or Purpose (list 3):

- The work of the Greater Cleveland Sports Commission benefits the whole community by driving dollars into the city, county and state budgets via county bed tax (6.5%), city admissions tax (4%-8%), sales tax (5.75%), in addition to consumer spending of the visitors that come to Cuyahoga County for GCSC events.
- The Greater Cleveland Sports Commission is planning to host 14 or more eligible events, which are anticipated to bring \$42.4 million in economic impact to Cuyahoga County and the surrounding communities.

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):
334 Euclid Avenue Cleveland, OH 44114	David Gilbert, President
Vendor Council District: 7	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. We are utilizing the Exemption procurement method, as this vendor has been engaged in previous years and consistently provided operating support towards sports commission events in Greater Cleveland.

	*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.  Department of Development 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.
Payment Schedule: <input checked="" 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: Had to send back to vendor the COI form due to missing language.	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24001144	Greater Cleveland Sports Commission	3/25/2024 – 12/31/2024	\$220,000.00	03/25/2024	BC2024-234

## BC2025-402

Title	Department of Development; Greater Cleveland Film Commission; CM 5474; Operating Support effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
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	5474	Greater Cleveland	Effective upon signatures of	\$210,000.00	Pending	Pending

		Film Commission	all parties for a period of 1 year.			
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Service/Item Description (include quantity if applicable).

Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Film Commission in the amount not-to-exceed \$210,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Recommending an award and enter into a Grant Agreement (via Contract No. 5474) with Greater Cleveland Film Commission in the amount not-to-exceed \$210,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

The payment is for operating support; no services are provided directly to Cuyahoga County.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to provide 2025 operating support for the Greater Cleveland Film Commission.

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):
Greater Cleveland Film Commission 526 Superior Ave E, Suite 350 Cleveland, OH 44114	Bill Garvey, President
Vendor Council District: 7	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	Provide a short summary for not using competitive bid process.



<input type="checkbox"/> Formal Closing Date:	We are utilizing the Exemption procurement method, as this vendor has been engaged in previous years and consistently provided operating support.  *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.  Department of Development 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.
Payment Schedule: <input checked="" 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: 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	24001012	Greater Cleveland Film Commission	3/25/2024 – 12/31/2024	\$189,000.00	3/26/2024	BC2024-233

### BC2025-403

Title	Department of Development; Global Cleveland; Contract # 5475; Operating Support- effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
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	5475	Global Cleveland	Effective upon	\$150,000.00	Pending	Pending

			signatures of all parties for a period of 1 year			
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Service/Item Description (include quantity if applicable).

Department of Development,

Submitting an RFP exemption, which will result in a Grant Agreement with Global Cleveland in the amount not to-exceed \$150,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Recommending an award and enter into a Grant Agreement (via Contract No. 5475) with Global Cleveland in the amount not-to-exceed \$150,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

The payment is for operating support; no services are provided directly to Cuyahoga County.

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):

- Global Cleveland seeks continued funding to support the Welcoming Workforce initiatives that specifically address the vital need to attract, retain, and connect the international talent pool to open jobs in Cuyahoga County.
- Helping local employers overcome real and perceived barriers to hiring international workers and students, connecting young international talent to mentors, and supporting immigrant entrepreneurs.

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):
Global Cleveland 1422 Euclid Ave, Suite 1652 Cleveland, Ohio 44115	Joe Cimperman, President
Vendor Council District: 7	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. We are utilizing the Exemption procurement method, as this vendor has been engaged in previous years and consistently provided operating support.  *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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Department of Development 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.
Payment Schedule: <input checked="" 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: Certificate of Insurance had to be sent back to vendor for update	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	24001149	Global Cleveland	3/25/24-12/31/24	\$150,000.00	3/25/2024	BC2024-235

#### BC2025-404

Title	Human Resources; 2025; Purchase Order with New Horizons Learning LLC for Microsoft Office Suite Product Training Courses under the Ohio Department of Development TechCred Training Grant Round 29 in the amount NTE \$13,275.00
Department or Agency Name	Human Resources
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	25002398 EXMT	New Horizons Learning LLC	Award- 12/31/2025	\$13,275.00		PENDING

Service/Item Description (include quantity if applicable).

New Horizons will provide training courses for Microsoft Office Products, specifically Excel (25) and PowerPoint (20) under the Ohio TechCred grant awarded to the County. These courses will be made available to all Executive agency staff to register and complete in a process still being finalized. The availability of these courses provides additional capacity to training County employees to our current training programs offered by our Organization and Employee Development (OED) team.

The cost of these courses is reimbursable under the Ohio Department of Development's TechCred grant program, which awards up to \$30,000 for training up to six (6) times a year.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goals of this project are to supplement the OED's teams training offerings, improve County employee skillsets, and offer growth opportunities to learn software that employees use every day.

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):
New Horizons Learning LLC 707 Landa Street, Suite 100, New Braunfels, TX 78130	Jason Cassidy, CEO
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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. This grant program is new for the County with the first few rounds of applications utilizing quotes from several known training vendors experienced with the grant program. Efforts are being made for future applications

	to follow purchasing policy with bidding and quotes where possible.  *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% Ohio TechCred Round 29 Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR290200
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.  Due to delays in setup, these courses must be completed before the end of the year for reimbursement by the State.
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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):
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#### BC2025-405

Title	ADAMHS Board – MH-ADC Pilot Program – Recovery Housing
Department or Agency Name	Corrections Planning Board, Common Pleas Court
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.
Original	5480	ADAMHS Board	January 1, 2025 to September 30, 2027	\$103,134.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>This is a new contract supporting Recovery (Sober) Housing Services for MH-ADC Pilot Program participants who:</p> <ul style="list-style-type: none"> <li>(1) have completed a residential substance treatment program and do not have a safe environment to return home to, or</li> <li>(2) have completed an intensive outpatient (IOP) substance treatment program and experienced an immediate relapse in their home environment.</li> </ul>
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The goal of the Sober Housing Services is to promote long-term engagement in the program by providing a continuum of care through placement in single-family sober living environments that specialize in serving individuals with co-occurring disorders (CODs).

100% of the MH-ADC Pilot Program's target population has a co-occurring diagnosis (COD) of both mental health and substance use disorders (SUD).

The maximum length of stay in sober housing is 90 days, unless a formal staffing meeting is held and an extension is authorized.

All Sober Housing Services must comply with the National Association of Recovery Residences (NARR) and Ohio Recovery Housing standards for Level 1 or Level 2 monitored recovery residences.

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

This Recovery (Sober) Housing Services efforts will support a collaborative between the Cuyahoga County Common Pleas Court/Corrections Planning Board (CPB) and a panel of recovery houses in Cuyahoga County. Through an ADAMHS Board contract the providers Stella Maris and the Cleveland Treatment Center who will offer recovery (formerly sober) living services for participants in the MH-ADC Pilot Program.

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

Project Goals, Outcomes or Purpose (list 3):

The goal of the Recovery Housing Services effort is to promote long-term engagement in the MH-ADC Pilot program by providing a continuum of care through placement in single-family recovery living environments that specialize in serving individuals with co-occurring disorders (CODs).

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 checked="" type="checkbox"/> Government Purchase - None – this agreement involves a specific grant proposal design that requires unique services from the ADAMHS Board of Cuyahoga County. <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.  This project is 100% funded by United States Department of Justice, Bureau of Justice Assistance Grant Funds: Award Number 15PBJA-22-GG-03939-DGCT.
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.  CP285140
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. N/A – services have not started
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: Delays associated with contract negotiations between the ADAMHS Board and the Court.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2.3.25
Date documents were requested from vendor:	4.11.25
Date of insurance approval from risk manager:	6.9.25
Date Department of Law approved Contract:	6.9.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):
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**BC2025-406**

Title	NON-EMERGENCY TRANSPORTATION SERVICES - AMERICAB TRANSPORTATION, INC
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
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.
Original (O)	5415	Americab Transportation Inc.	1/1/2025- 6/30/2026	\$10,000.00	pending	

Service/Item Description (including quantity if applicable). The vendor shall provide transportation services for Cuyahoga County youth to and from Court referred programming. Cuyahoga County Court of Common Pleas, Juvenile Division plans to contract with Americab Transportation, Inc., for a term starting January 1, 2025, until June 30, 2026, for Non-Emergency Transportation Services in the amount not to exceed \$ 10,000.00.
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: n/a How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Professional services to provide transportation services for Cuyahoga County residents to and from Court referred programming.

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: Americab Transportation, Inc. 3380 W. 137 <sup>th</sup> St. Cleveland, Ohio 44111	Owner, executive director, other (specify): Joe Pieciak, CFO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input 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: n/a	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  RFP Exemption – County Code 501.12(D)	<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:
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<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% funded by the RECLAIM Grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the RECLAIM Grant, award process, and vendors’ delay in returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/7/24
Date documents were requested from vendor:	4/21/25
Date of insurance approval from risk manager:	2/13/25
Date Department of Law approved Contract:	4/21/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):
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**BC2025-407**

Title	Axon Body 4 8-Bay Docks		
Department or Agency Name	Sheriff		

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002329 EXMT	Axon Enterprise, Inc.		\$50,424.48	Pending	Pending

Service/Item Description (include quantity if applicable). The Sheriff's Department is requesting to purchase Axon Body 4 8-Bay docks.
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 equipment is needed to continue to issue out necessary tools to the department. With the body camera's we use, its proprietary to Axon. This is needed to have everything work and function correctly.

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):
Axon Enterprise, Inc. 17800 North 85 <sup>th</sup> Street Scottsdale, AZ 85255	Patrick Smith, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal   Closing Date: _____	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input 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. Federal Equitable Sharing Account
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH285180
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input 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):
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**BC2025-408**

Title	CM #1909/ Watch Systems, LLC. For Sex Offender Mailing Services/Amendment 1 to add \$300,000.00
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1909	Watch Systems, LLC	1/1/2022- 12/31/2026	\$475,000.00	11/29/2021	BC2021-691
A1	1909	Watch Systems, LLC	1/1/2022- 12/31/2026	\$300,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). The vendor will provide sex offender notification mailing services.
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): The primary goal is to remain compliant with ORC 2950.01

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)
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Vendor Name and address:	Owner, executive director, other (specify):
Watch Systems LLC 4 Sanctuary Blvd., Suite 100 Mandeville, LA 70448	Mike Cormaci, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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) Exemption  <input type="checkbox"/> Other Procurement Method, please describe:

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

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<p><b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>General Fund</p>
<p>Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>SH100115</p>
<p>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):</p>

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

<p>HISTORY (see instructions): see chart above</p>
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**BC2025-409**

Title	CJFS 2025: DocuSign Enterprise Pro for Government
Department or Agency Name	Department of Health and Human Services/Cuyahoga Job 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	25002369	Carahsoft		\$72,419.20		

Service/Item Description (include quantity if applicable).

DocuSign Enterprise Pro 14,000 envelopes.

DocuSign Enterprise Pro for Gov - Env

eSignature Enterprise Pro for State and

Local Government - Envelope

DocuSign, Inc. - APT-0393

Start Date: 07/08/2025

End Date: 07/07/2026

Enterprise Premier Support 22% of Recurring Fees (22%  
of List Price per \$100 of List License Fees)

DocuSign, Inc. - APT-0148

Start Date: 07/08/2025

End Date: 07/07/2026

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): This will allow the agency to digitally capture the signature of customers who are seeking public assistance. The ability to capture those signatures electronically, eliminates the need for clients to come the building. Many times, transportation poses a hardship for clients. It also eliminates the need to send paper applications to peoples' addresses where we would have to wait longer for a return response. Often, we receive incomplete applications, and this software will eliminate that by not allowing the client to continue unless all sections are completed. This software also allows the ability to monitor if applications were received and even opened.

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: Carahsoft 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Meagan Phillips
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #534354 Expiring 12/19/2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. PAGE 29	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 checked="" type="checkbox"/> No, please explain. Separate product.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>50% Health and Human Services Levy/50% Federal and State Reimbursement</p>
<p>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):</p>

<p>Provide status of project. NOTHING PURCHASED YET. Waiting for BOC Approval.</p>	
<p>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</p>	
<p>Reason:</p>	
<p>Timeline</p>	
<p>Project/Procurement Start Date (date your team started working on this item):</p>	
<p>Date documents were requested from vendor:</p>	
<p>Date of insurance approval from risk manager:</p>	
<p>Date Department of Law approved Contract:</p>	
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:</p>	
<p>If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	
<p>Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	

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	24002471	Carahsoft Technology Corporation	7/8/2024 – 7/7/2025	\$70,369.60	6/24/2024	BC2024-482

#### BC2025-410

Title	2025 Revenue Generating Agreement Oriana House
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	5309	Oriana House	6/1/2025- 6/30/2026	\$17,010.82	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 ORIANA HOUSE consumers enrolled or seeking enrollment on an ORIANA HOUSE Medicaid applications.

Revenue generating agreement will be \$17,010.82  
Contract dates for this agreement is 6/1/2025-6/30/2026

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):

- Caseworkers responsible for determining income eligibility for Oriana House
- Income eligibility shall also be determined by a caseworker for Oriana House

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):
Oriana House 885 E. Buchtel Ave Akron, OH 44305	Austin Macri Vice President of Finance/CFO
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 Oriana House is unable to choose any other vendor to complete these tasks. CJFS caseworkers are

	<p>the only individuals in Cuyahoga County who can complete enrollments and redeterminations.</p> <p>*See Justification for additional information.</p>
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.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is a revenue-generating agreement where Oriana House will pay CJFS for this program.</p>
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>No accounting units are used because this is revenue generating</p>
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	
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 County and Oriana House Inc. were in negotiations with the start dates and terms in the contract to be discussed. Confirmation of the start dates were confirmed on 5/12/2025 and received a signed contract back from 5/14/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3/13/2025
Date documents were requested from vendor:	3/13/2025, 5/12/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	5/21/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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### C.- Exemptions

#### BC2025-411

TITLE	ALT PROCUREMENT TO PURCHASE DNA TEST KITS & SUPPLIES FY2024
DEPARTMENT OR AGENCY NAME	Medical Examiner's Office

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	5/27/2025	BC2025-347
	6/3/2024	BC2024-429
	5/13/2024	BC2024-369
	8/14/2023	BC2023-514
	9/26/2022	BC2022-571
	1/31/2022	CON2021-06
	9/20/2021	BC2021-515
	12/9/2019	BC2019-914
	2/4/2019	BC2019-95
DESCRIPTION/ EXPLANATION OF REQUEST:	Medical Examiner's Office requesting approval of Alternative Procurement process to purchase genetic testing kits and other consumable supplies from Promega Corporation and Life Technologies in the total amount not to exceed of \$283,529.00	



	<p>for Grant period which began 10/1/2024 and goes thru 09/30/2026. The Funding Source is the FY 2024 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) AKA FY2024 DNA Backlog Grant, from the U.S. Department of Justice.</p> <p>A competitive process is not utilized because the Cuyahoga County, Ohio Regional Forensic Science Laboratory (CCRFSL) receives federal funding for test kits and consumables. The selected vendors are chosen as they are the most reliable, competent source for these products and have supplied them as needed in a timely manner. Many of the supplies have a short shelf-life and can only be ordered in small quantities. Tracking by excel spreadsheet will be used for each purchase for compliance with the not to exceed amount.</p>
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "no" please explain): The Funding Source is the FY 2024 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) AKA FY2024 DNA Backlog Grant, from the U.S. Department of Justice.
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% FY2024 DNA Backlog Grant

#### D. - Consent Agenda

##### BC2025-412

(See related items for proposed travel/memberships for the week of 6/23/2025 in Section C above).

##### BC2025-413

(See related items for proposed purchases for the week of 6/23/2025 in Section C above).

#### V – OTHER BUSINESS

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

##### Item No. 1

TITLE	Ohio RECLAIM – Grant Agreement/Application and Attachment A for
DEPARTMENT OR AGENCY NAME	Cuyahoga County Court of Common Pleas, Juvenile Court Division
REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<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 type="checkbox"/> Grant Amendment <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	SFY2025 RECLAIM	7/1/23 – 6/30/25	\$10,551,597.54	6/20/2023	CON2023-68
AMENDMENT (A-1)	SFY2025 RECLAIM	7/1/23 – 6/30/25	\$10,482,877.44	1/29/2024	CON2024-12
AMENDMENT (A-2)	SFY2025 RECLAIM	7/1/23 - 6/30/25	\$10,482,877.44	4/9/2024	CON2024-35
AMENDMENT (A-3)	SFY2025 RECLAIM	7/1/23 – 6/30/25	\$10,482,877.44	6/10/2024	CON2024-57
AMENDMENT (A-4)	SFY2025 RECLAIM	7/1/23 – 6/30/25	\$9,796,596.67	6/24/2024	CON2024-61
AMENDMENT (A-5)	SFY2025 RECLAIM	7/1/23 – 6/30/25	\$9,767,485.50	2/24/2025	CON2025-11
DESCRIPTION/EXPLANATION OF THE GRANT:		Submitting the grant agreement/application and Attachment A for FY2026 RECLAIM Ohio grant funds provided through Ohio Department of Youth Services for various programs for youth and their families navigating through the justice process.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Provide the Court with the ability to develop/purchase a range of community-based options to meet the needs of each juvenile offender/youth at risk of offending.			
		Support various staffing salaries servicing youth and families in the Court process.			
		Support the cost of providing ongoing training and consultation to Court staff.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	RECLAIM (Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors) Ohio Grant Fund
	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	Ohio RECLAIM Ohio Grant Application Attachment A Amendment
DEPARTMENT OR AGENCY NAME	Cuyahoga County Juvenile Court

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 checked="" 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)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	RECLAIM Ohio	7/1/23 – 6/30/25	\$10,551,597.54	6/20/2023	CON2023-68
AMENDMENT (A-1)	RECLAIM Ohio	7/1/23 – 6/30/25	\$10,482,877.44	1/29/2024	CON2024-12
AMENDMENT (A-2)	RECLAIM Ohio	7/1/23 - 6/30/25	\$10,482,877.44	4/9/2024	CON2024-35
AMENDMENT (A-3)	RECLAIM Ohio	7/1/23 – 6/30/25	\$10,482,877.44	6/10/2024	CON2024-57
AMENDMENT(A-4)	RECLAIM Ohio	7/1/23 – 6/30/25	\$9,796,596.67	6/24/2024	CON2024-61
AMENDMENT(A-5)	RECLAIM Ohio	7/1/23 – 6/30/25	\$9,767,785.50	2/24/2025	CON2025-11
AMENDMENT(A-5)	RECLAIM Ohio	7/1/23 – 6/30/25	\$9,797,485.50	PENDING	PENDING

DESCRIPTION/ EXPLANATION OF THE GRANT:	An amendment to the RECLAIM Grant is necessary because of an unexpected increase in services for various programs. The amount of the RECLAIM Grant is increasing by \$30,000.00 by using unallocated funds.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Provide the Court with the ability to develop/purchase a range of community-based options to meet the needs of each juvenile offender/youth at risk of offending. Support various staffing salaries servicing youth and families in the Court process. Support the cost of providing ongoing training and consultation to Court staff.

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:	
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.
	Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors (RECLAIM) Ohio grant
	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.

#### VI – PUBLIC COMMENT

#### VII – ADJOURNMENT