



**Cuyahoga County Board of Control Agenda
Monday, June 30, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 6/23/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-414

Department of Public Works, recommending an award on Purchase Order No. 25002342 with Montrose Ford, LLC in the amount not-to-exceed \$44,500.00 for a state contract purchase of (1) 2025 Ford Interceptor for the Sheriff's Department.

Funding Source: General Fund

BC2025-415

Department of Public Works, recommending an award and enter into Contract No. 5487 with Alternalite Electric, Inc. (89-1) in the amount not-to-exceed \$12,357.00 for installation of two charging stations at the Huntington Park Garage, effective upon signatures of all parties through project completion.

Funding Source: Ohio Environmental Protection Agency - Diesel Mitigation Trust Fund (DMTF) Grant

BC2025-416

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Downtown Cleveland, Inc. in the amount not-to-exceed \$100,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5476) with Downtown Cleveland, Inc. in the amount not-to-exceed \$100,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2025-417

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Aerozone Alliance in the amount not-to-exceed \$125,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5478) with Aerozone Alliance in the amount not-to-exceed \$125,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

BC2025-418

Fiscal Office, submitting an amendment to Contract No. 5061 (fka Contract Nos. 2127 and 4990) for a cloud-based records management system, support and maintenance services for the Fiscal Department/Transfer and Recording Division for the period 2/10/2022 – 2/29/2027, for an assignment and assumption of the remaining services provided by Kofile Technologies, Inc. described as Daily Indexing Services and to amend the per document convenience fee related to Electronic Recording to \$2.50, no additional funds required; effective 4/1/2025.

Funding Source: Real Estate Assessment Fund

BC2025-419

Department of Information Technology, recommending an award and enter into Agreement No. 5486 with OARnet in the amount not-to-exceed \$552,960.00 for renewal of (1120) VMware Cloud Foundation 5 and (32) VMware Cloud Foundation Edge 5 subscriptions for the period 7/31/2025 – 7/30/2029.

Funding Source: General Fund

BC2025-420

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3881 with Project Lift Behavioral Health Services for Restorative Justice Diversion Program for the period 7/1/2023 – 6/30/2026, to strike paragraph (E) under Section V (Budget) of the contract previously setting forth a minimum number of trainings to be provided at \$1,200.00 per training, and for a decrease of funds in the amount of \$69,400.00, effective July 1, 2025.

Funding Source: RECLAIM Grant

BC2025-421

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4666 with Spread the Love Foundation for educational and vocational services for Court referred youths ages 13 to 18 with high risk for recidivism for the period 6/1/2024 – 6/30/2026 for a decrease of funds in the amount of (\$100,000.00), effective 7/1/2025.

Funding Source: RECLAIM Grant

BC2025-422

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Magnet Forensics LLC in the amount not-to-exceed \$11,280.00 for the renewal of various software subscription licenses (4) Magnet Griffeye Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2025 – 8/9/2026.
- b) Recommending an award on Purchase Order No. 25002378 to Magnet Forensics LLC in the amount not-to-exceed \$11,280.00 for the renewal of various software subscription licenses (4) Magnet Griffeye Advanced-Floating and (4) Lace Carver for use by the Internet Crimes Against Children Unit for the period 8/10/2025 – 8/9/2026.

Funding Source: General Fund

BC2025-423

Department of Public Safety and Justice Services, submitting a Subgrant Award Agreement from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,193.41 for management of the FY2024 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2025 – 3/31/2026.

Funding Source: 75% Office of Criminal Justice Services (\$18,895.06) and 25% Cash Match from General Fund (\$6,298.35)

BC2025-424

Department of Public Safety and Justice Services, recommending an award on RQ 15886 and enter into Purchase Order No. 25002317 with Med-Eng, LLC (16-4) in the amount not-to-exceed \$416,154.96 for the purchase of (9) EOD Bomb Suits, in person training, warranty and shipping for County Bomb Response Teams.

Funding Source: FY2023 Urban Area Security Initiative (UASI)

BC2025-425

Department of Public Safety and Justice Services/Office of Emergency Management,

- a) Submitting an RFP exemption, which will result in an award recommendation to Emergency Management Accreditation Program in the amount not-to-exceed \$33,180.00 for payment of Emergency Management Accreditation Program (EMAP) accreditation fees.
- b) Recommending an award on Purchase Order No. 25002427 to Emergency Management Accreditation Program in the amount not-to-exceed \$33,180.00 for payment of Emergency Management Accreditation Program (EMAP) accreditation fees.

Funding Source: General Fund

BC2025-426

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

- a) Submitting an RFP exemption, which will result in a Memorandum of Understanding with Cleveland-Cuyahoga County Workforce Development in the amount not-to-exceed \$131,806.00 to provide access to the Comprehensive Case Management and Employment Program (CMEP), Job Readiness and Training for Recipients of Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program (SNAP) for the period 7/1/2025 – 6/30/2026.
- b) Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Memorandum of Understanding (via Contract No. 5452) with Cleveland-Cuyahoga County Workforce Development in the amount not-to-exceed \$131,806.00 to provide access to the Comprehensive Case Management and Employment Program (CMEP), Job Readiness and Training for Recipients of Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program (SNAP) for the period 7/1/2025 – 6/30/2026.

Funding Source: Federal Temporary Assistance for Needy Families (TANF) dollars.

BC2025-427

Department of Health and Human Services/Division of Senior and Adult Services and Department of Community Initiatives Division/Family and Children First Council, submitting an amendment to Contract No. 5070 with CaseWorthy, Inc. for implementation and deployment of a Client and Case Management System, software licensing, maintenance and support for the period 1/1/2025 – 6/30/2026 to replace Exhibits A & B of the original contract with new Exhibits, A to expand the scope of services and B to revise the Budget; no additional funds required effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

BC2025-428

Department of Health and Human Services/Division of Senior and Adult Services, submitting a Revenue Generating Agreement (via Contract No. 5453) with McGregor Pace in the amount not-to-exceed \$72,600.00 to hire direct care staff for personal care support services to participants in the All-Inclusive Care for the Elderly (PACE) program for the period 4/1/2025-12/31/2025.

Funding Source: Revenue Generating

BC2025-429

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 3961 with Osgood Group, LLC for strategic planning consultant services and creating framework for the development of a three-year strategic plan for the period 12/5/2023 – 6/30/2025 to extend the time period to 12/31/2025, to expand the scope of services in accordance with Exhibit VII which includes the budget and payment schedule for the additional funds being added through this amendment in the amount not-to-exceed \$15,000.00, effective 7/1/2025.

Funding Source: Health and Human Services Levy Fund

BC2025-430

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5111 with The Northeast Ohio Coalition for the Homeless for overflow shelter services for the Norma Herr Women's Shelter and to provide these services at St. Paul's Community Church, 4427 Franklin Boulevard, Cleveland for the period 1/8/2025 - 4/30/2025 to extend the time period to 12/31/2025, to add Exhibit II-B representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$244,422.64, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

BC2025-431

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5150 (fka Contract No. 4499) with Journey Center for Safety and Healing to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025 to extend the time period to 5/31/2026, to add Exhibit II-A representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$303,130.00, effective 6/1/2025.

Funding Source: 67% US Department of Housing and Urban Development Rapid Rehousing for Families Grant and 33% Health & Human Services Levy Fund

C. – Exemptions**BC2025-432**

Department of Public Works, recommending to amend Board of Control Approval No. BC2023-453, dated 7/17/2023, which authorized an alternative procurement process resulting in purchase orders to various providers for medical, surgical and animal care services for the period 7/1/2023 – 6/30/2025, to extend the time period to 12/31/2027 and for additional funds in the amount not-to-exceed \$150,000.00.

Funding Source: 50% Dog Kennel Operations Fund and 50% Dick Goddard Best Friend Fund

D. – Consent Agenda

BC2025-433

Department of Public Works on behalf of the Print Shop, recommending to declare various property that has no value as surplus County-owned property no longer needed for public use; recommending to discard the surplus property in accordance with E02012-0001.

Funding Source: n/a

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Corrections Planning Board,

- a) Requesting authority to apply for grant funds from Ohio Department of Rehabilitation and Correction in the amount of \$17,815,082.00 for various FY2026 – 2027 Community-Based Corrections Programs for the period 7/1/2025 – 6/30/2027.
- b) Submitting a grant agreement from the Ohio Department of Rehabilitation and Corrections for various FY2026 – 2027 Community Based Corrections Programs for the period 7/1/2025 – 6/30/2027 in the total amount of \$17,815,082.00:
 - 1) In the amount of \$13,315,082.00 for implementation of various services designed to reduce or divert the number of persons committed to local corrections agencies.
 - 2) In the amount of \$4,500,000.00 for implementation of the Targeted Community Alternatives to Prison (TCAP) Program.

Funding Source: Community Corrections Act (CCA) Fund

Item No. 2

Fiscal Office, submitting a grant agreement with The George Gund Foundation in the amount of \$300,000.00 for personnel and program costs associated with the County's Justice and Health Equity Officer position in connection with Thriving Families and Social Justice program for the period 10/1/2025 – 12/31/2026.

Funding Source: The George Gund Foundation

Item No. 3

Department of Public Safety & Justice Services, submitting an amendment to a grant award from The Cleveland Browns in the amount of \$11,790.00 for the Camp HOPE Pathways programming in connection with the 2023 Healthy Relationships Microgrant – Browns Give Back program for the period 12/1/2023 – 12/31/2024 to extend the time period to 12/31/2025.

Funding Source: The Cleveland Browns

Item No. 4

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant agreement with Ohio Department of Public Safety, Office of Criminal Justice Services in the amount not-to-exceed \$80,261.14 for the FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant Program for the period 1/1/2025 – 12/31/2025 to improve forensic science services.

Funding Source: FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant

Item No. 5

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	5457	Rust Belt Riders	To provide composting services for the East 9th building.	\$4,500.00	Department of Sustainability	Effective upon signature of all parties- 1 year	Sustainability Projects Fund	(Executive) 6/20/2025 (Law) 6/23/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, June 23, 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 11:13 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
Councilmember Meredith Turner
Levine Ross, County Council (Alternate for Michael Houser)
Councilmember Robert Schleper

II. – REVIEW MINUTES – 6/16/2025

Katherine A. Gallagher motioned to approve the minutes from the June 16, 2025, meeting; Meredith Turner 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

BC2025-396

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

John Myers, Department of Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-396 was approved by unanimous vote.

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

Mellany Seay, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-397 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-398 was approved by unanimous vote.

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

Matthew Rymer, Department of Public Works, presented. The contract amendment will continue required water mitigation services in response to previous legionella detections in the Justice Center. Specifically, the amendment covers the additional 21-day disinfection period that was required for the monochloramine system to abate the detected bacteria. Services also provided, include replacement point-of-use 0.2 micron filters for 120+ locations that protect Jail 1 showers from any bacteria (the previously installed filters are due to be replaced in late July), installation of a sodium-hypochlorite disinfection supplement as may be needed to continue water system treatment on the hot and cold water distribution, and copper-silver ionization systems, in multiple locations, that will treat any biofilm in the inner diameter of the hot water distribution system. Meredith Turner asked how often we have these services; asked about legionella and how we learned of the manifestation in the jail; asked of any confirmed cases of legionella. Mr. Rymer responded when we concluded the water system disinfection in mid-May, we re-tested the system. 54 locations were sampled. 53 of those locations returned "non-

detect” results. 1 of the locations had a trace concentration of legionella bacteria detected, but below actions levels, resulting in a “well controlled” system designation. All of actions and services in the approved amendment will be taken to prevent reoccurrence of the legionella. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-399 was approved by unanimous vote.

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

Matthew Rymer, Department of Public Works, presented. This agreement covers the costs Securus will pay the County to install the required infrastructure to deliver services in the Juvenile Justice Center, not the costs of the services themselves. The service rates per call is \$.16 per minute. The Court of Common Pleas/Juvenile Court Division will be contracting for these services with Securus. Celeste Weinright from Juvenile Court is here to answer any question. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-400 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented. There is a total of five operating support requests, 3 this week and 2 next week. Richard Fedorovich, Trustee, Greater Cleveland Sports Commission thanked the County for their support on behalf of David Gilbert, President who is not able to attend. This year there will be 16 national events and 4 Olympic body events with an estimated \$45m impact to the region with an estimated \$1m to the County’s General Fund through Hotel Occupancy tax, pushing us over \$1B since 2000. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-401 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented and Bill Garvey, President, Greater Cleveland Sports Commission commented this was a year for us. The Superman movie will premiere in a month and 5 other projects with direct spending in Northeast Ohio. \$256.5M in future funding with 1.49M in sales tax revenue to the County and 1.5M in payroll to the County. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-402 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented and Joe Cimperman, President & CEO, Global Cleveland thanked the County for their support. Commented this is the first time in four decades we have grown internationally with new comers. The support the County gives us enables us to continue to help with finding jobs and housing. We're really grateful to be able to continue this work and be a Welcome Place, but there are still hundreds of thousands of people who need help and that is why we do what we do. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-403 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. This is the first of 3 awards. This is the first time the County has applied for a TechCred grant. New Horizons Learning LLC helped us to understand the grant process. The application required pricing from qualified vendors. The TechCred vendor list includes over 2,000 vendors. For the first 4 applications, the County's training team utilized pricing from vendors experienced with the TechCred program. For future TechCred grants, the team plans to follow the purchasing policy. These courses will be made available to all County staff under the Executive, however there is a limited number of openings. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-404 was approved by unanimous vote.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. This is a new contract supporting Recovery (Sober) Housing Services for MH-ADC Pilot Program participants who have completed a residential substance treatment program and do not have a safe environment to return home to or completed an intensive outpatient (IOP) substance treatment program and experienced an immediate relapse in their home environment. Levine Ross asked the length of stay can only be 90 days. Ms. Lagunzad responded that the case can be reviewed by the committee and additional time can be recommended. Ms. Ross asked do they assist with housing. Ms. Lagunzad responded this contract does not. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-405 was approved by unanimous vote.

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

Sharon Allen, Court of Common Pleas/Juvenile Court Division, presented. Levine Ross asked have we used this vendor before, if not who we did use. Ms. Allen responded this is the first contract for this service. Leigh Tucker motioned to approve the item; Levine Ross seconded. Item BC2025-406 was approved by unanimous vote.

BC2025-407 The following item was held at the request of the County Executive.

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

Chris Costin, Sheriff's Department, presented and Sergeant Courtney Shroger supplemented. Mr. Costin stated this contract is required per ORC2950 to mail out sex offender notifications in the area where these sex offenders are located. Robert Schleper commented he is guessing there's a registry that's been used in terms of keeping track of these folks. Obviously that is a pretty static list because people move there whereabouts; asked what the terms are of monitoring the people that are potentially on this list. Sergeant Shroger commented she runs the offender unit. We have over 3,100 currently on the list and that number fluctuates day to day. When a sex offender is released from prison they are required to report to the county in which they reside within 3 days of their release or immediately upon being sentenced. Sgt. Shroger reiterated we're required to send out notifications to all residences, churches, school or other community organizations where children are within a thousand feet of a tier 3 sexual predator. Commented we incur the mailing costs for that and this is the contract we utilize for that. Last's years total was \$167,000.00. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-408 was approved by unanimous vote.

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

Remon Kaldas, Department of Health and Human Services, presented. This contract eliminates the need for clients to come the building. This allows the agency to digitally capture the signature of customers who are seeking public assistance and this software will not allow the client to continue submitting the application until all sections are completed. Provides auto alert of forms completed. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-409 was approved by unanimous vote.

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, **Inc.** 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

Marcos Cortes, Department of Health and Human Services, presented. Oriana House will reimburse the County for 16 hours of a Full-time employee dedicated to processing Medicaid applications. Robert Schleper asked is this in response to an overall shortage or is there another reason. The Presenter will follow up. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-410 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. This is an annual item we put through when we received the DOJ Grant so we can purchase the material needed to do genetic testing. Robert Schleper asked is this amount typically the same each year. Mr. Shannon replied this fluctuate. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-411 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-412 through BC2025-413; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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.

The following travel request for Jay Hodge was held at the request of the Department.

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
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*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.

The following item was held at the request of the Department.

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 nd Annual National Association of Blacks in Criminal Justice Conference (NABCJ)							
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 (NABCJ) 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
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

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:47 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-414

Title	Public Works - Montrose Ford LLC; State Contract Purchase Order, 2025 Ford Interceptor	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	25002342	Montrose Ford, LLC	NA	\$44,500.00	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether ☒ New or ☐ Existing service or purchase. The purchase of one (1) 2025 Ford Interceptor to be used by the Sheriff's Department.

For purchases of furniture, computers, vehicles: ☐ Additional ☒ Replacement
Age of items being replaced: 7 yrs How will replaced items be disposed of? Gov Deals

Project Goals, Outcomes or Purpose (list 3):
This will replace a Ford Explorer from the Sheriff's Department that was removed from service due to damage sustained while on duty.

If a County Council item, are you requesting passage of the item without 3 readings. ☐ Yes ☒ 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):
Montrose Ford LLC 3960 Medina Rd. Akron, OH 44333	Derek Powers / Fleet Director
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 # if 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. Public Works has chosen to purchase the truck through the Stat of Ohio contract, which was already competitively bid through the State of Ohio. *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 RSI023078 – 9/30/2025 <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 ().
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 services covered under the original ERP Budget or Project? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
Are the purchases compatible with the new ERP system? <input 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. General Fund / 100% - PW755105 / 70100

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 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:	
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 type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-415

Title	Public Works-Flo CoRe+ EV Charging Unit Installation Only-Huntington Garage-Alternalite Electric, Inc.
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM5487	Alternalite Electric, Inc.	Upon Execution	Not-to-exceed \$12,357.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting to contract with a vendor for the installation of (2) CoRe+ EV Charging Stations for the Huntington Park Garage.

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The Department of Public Works is requesting a contract for the installation of (2) CoRe+ EV Charging Stations for the Huntington Park Garage, resulting in a contract not-to-exceed \$9,875.00. The installation of this equipment will allow electric vehicles parked at HPG to be charged. This is for the installation only of equipment.

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):
Alternalite Electric, Inc. 4171 Linden Circle North Olmsted, Ohio 44070	Marco Aponte, Director of Business Development
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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 5/16/2025	Provide a short summary for not using competitive bid process. NA *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 76/1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Ohio Environmental Protection Agency - Diesel Mitigation Trust Fund (DMTF) 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. PW295105 55130 PW-21-OEPA-DMTF
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):	5.8.25
Date documents were requested from vendor:	5.15.25
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-416

Title	Department of Development; Downtown Cleveland fka Downtown Cleveland Alliance; Contract # 5476; 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	5476	Downtown Cleveland fka Downtown Cleveland Alliance	Effective upon signatures of all parties for a period of 1 year	100,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Department of Development,

a) Submitting an RFP exemption, which will result in a Grant Agreement with Downtown Cleveland fka Cleveland Alliance in the amount not-to-exceed \$100,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

b) Recommending an award and enter into a Grant Agreement (via Contract No. 5476) with Downtown Cleveland fka Downtown Cleveland Alliance in the amount not-to-exceed \$100,000.00 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 Downtown Cleveland fka Downtown Cleveland Alliance.

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):
Downtown Cleveland fka Downtown Cleveland Alliance 1010 Euclid Ave, 3 rd Floor Cleveland, OH 44115	Michael Deemer, President
Vendor Council District: 7	Project Council District: 7
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. Vendor has been utilized in previous years and has provided consistent operating support for Downtown 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 return COI 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.
O	24001192	Downtown Cleveland fka Downtown Cleveland Alliance	3/25/24-12/31/24	100,000.00	3/25/2024	BC2024-236

BC2025-417

Title	Department of Development; Aerozone Alliance; Contract # 5478; 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	5478	Aerozone Alliance	Effective upon signatures of all parties for a period of 1 year	\$125,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Aerozone Alliance in the amount not-to-exceed \$125,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5478) with Aerozone Alliance in the amount not-to-exceed \$125,000.00 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: <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): <ul style="list-style-type: none"> • Support the expansion of Aerospace Supply Chain Economy through impactful business engagement. • Enhance the Aerozone Aerospace Supply Chain through business attraction that leverages our robust local infrastructure. • Establish a robust talent pipeline for our companies that support the Aerospace Supply Chain.

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):
Aerozone Alliance 22800 Cedar Point Rd. Cleveland, Ohio 44142	Hrishue Mahalaha, Executive Director
Vendor Council District: 2	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 for Aerozone Aerospace. *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 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:	
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	24001232	AEROZONE ALLIANCE	3/25/24 – 12/31/24	125,000.00	3/25/24	BC2024-237

BC2025-418

Title	Fiscal Department Land Record Management System License, Subscription, and Service Agreement
Department or Agency Name	Fiscal Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2127	Kofile Technologies	2/10/22- 2/9/27	\$3,264,300.00	2/10/22	R2022-0023
A-1	4990	GovOS Inc. Partial Assignment	08/01/2023 – 02/09/2027	\$0.00	12/02/2024	BC2024-859
A-2	5061	GovOS Inc. Full Assignment	4/1/25 – 2/9/27	\$0.00 (no additional funds moving the remaining money from Kofile contract 1,632,150.00)	Pending	Pending

Service/Item Description (include quantity if applicable). This is an assignment and assumption contract to fully assign the agreement to GovOS, Inc. from Kofile Technologies, Inc. for the purpose of GovOS providing cloud services and daily indexing services. The end date of the contract will remain 02/09/2027 and there is no change to the insurance requirements. Additionally, the
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remaining funds from Kofile Technologies, Inc. contract will be decertified and encumbered under this GovOS, Inc. contract.
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): -Fully assign the agreement from Kofile Technologies, Inc. to GovOS Inc. -Daily Indexing Services -Cloud Services

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
GovOS Inc. 8310 N. Capital of Texas Hwy Austin, TX 78731	Michael Crosno, CEO (GovOS, Inc.)
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. This is an assignment and assumption contract to fully assign the agreement to GovOS, Inc. from Kofile Technologies, Inc. for the purpose of GovOS providing cloud services and daily indexing services. *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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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 type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. Kofile is on TAC Standards	If item is not on IT Standard List state date of TAC approval: 5/8/2025 – 2025-TAC-042
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Real Estate Assessment Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS305100 54300
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: This is an assignment and assumption contract to fully assign the agreement to GovOS, Inc. from Kofile Technologies, Inc. for the purpose of GovOS proving cloud services, which includes the \$5 convenience fee, and daily indexing services.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	02/26/2025
Date documents were requested from vendor:	02/26/2025

Date of insurance approval from risk manager:	05/09/2025
Date Department of Law approved Contract:	5/23/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) This agreement is to fully assign the agreement with Kofile Technologies Inc. to GovOS Inc.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-419

Title	VMware Cloud Foundation Licenses
Department or Agency Name	Department of Information Technology
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	CM5486 GOVP	OARnet	July 31, 2025 – July 30, 2029	\$552,960.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with OARnet, for the July 31, 2025 – July 30, 2029, for VMware Cloud Foundation Licenses in the amount of \$552,960.00.
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): This request is to enter into a contract for four years to renew the County's Server Virtualization Software service that operates on most of the County IT Department's servers. The server virtualization software allows for one physical server to be subdivided into 1-30 unique virtual server machines. Why would one wish to take a physical server and make it look like 30 servers? In the past a physical server used to be purchased and only could run one to two different applications on one server. Many of the internal component resources within a server may remain unused depending on how resource- intensive the application is. This software maximizes one's ability to partition off a physical server to appear as if it is multiple servers and size the resources by need.

This maximizes each physical investment to use all of it's available resources, helps reduce energy consumption in a datacenter by having less servers, less power consumption, less physical things to support, and increases up time in the event of a hardware failure.

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):
OARnet 1224 Kinnear Road Columbus, Ohio 43212	Kim Ferguson Business Relationship Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a government purchase. By means of a partnership between the Ohio Department of Higher Education and the State of Ohio Department of Administrative Services, members of the Department of Administrative Services Cooperative Purchasing Program may purchase VMWare software licenses and support, at significantly reduced rates, under the Ohio State University and Broadcom, administered by OARnet. The State of Ohio is utilizing an existing Ohio Revised Code as their purchase authority for VMware: ORC127.16 (D)(23). *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100140
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 type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24004699 GOVP	OARnet	07/31/2024 – 07/30/2025	\$126,516.48	11/18/2024	BC2024-836

BC2025-420

Title	CONTRACT AMENDMENT FOR RESTORATIVE JUSTICE PROGRAM - PROJECT LIFT BEHAVIORAL HEALTH SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <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)	3881	Project Lift	7/1/2023-6/30/2025	\$75,000.00	11/13/2023	BC2023-728
(A#-1)	3881	Project Lift	7/1/2023-6/30/2026	\$211,300.00	1/13/2025	BC2025-20
(A#-2)	3881	Project Lift	7/1/2025-6/30/2026	(\$69,400.00)	pending	

Service/Item Description (include quantity if applicable). The vendor shall engage in Trauma-informed manners to help youth engaged in delinquent matters that have caused harm and identify what they need to feel restored by the harm done. To reduce the funds in the amount of \$69,400.00 for the time- period from July 1, 2025, through June 30, 2026, and to strike paragraph (E) under Section V (Budget) of the CONTRACT (previously setting forth a minimum number of trainings to be provided at \$1,200.00 per training). This changes the not to exceed value of the contract from \$286,300.00 to \$216,900.00.
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: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The RJP creates a consensus-based plan to “make things right” with persons harmed, the family, the community, and themselves.

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: Project Lift Behavioral Health Services dba Project LIFT Services. 4415 Euclid Ave. Suite 315 Cleveland, Ohio 44103-1005	Owner, executive director, other (specify): LaToya Logan CEO and Founder
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)
This is an amendment of a previously approved contract.	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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 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):	5.20.25
Date documents were requested from vendor:	5.27.25
Date of insurance approval from risk manager:	5.27.25
Date Department of Law approved Contract:	5.27.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Recurring program written into the RECLAIM Grant.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-421

Title	CONTRACT AMENDMENT FOR EDUCATIONAL/VOCATIONAL SERVICES - SPREAD THE LOVE FOUNDATION	
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	4666	Spread the Love Foundation	6/1/2024- 6/30/2024	\$400,000.00	7/29/2024	BC2024-553
Amendment (A-#1)	4666	Spread the Love Foundation	7/1/2025- 6/30/2026	(\$100,000.00)	Pending	pending

Service/Item Description (include quantity if applicable). Vendor shall provide hands-on music & entertainment industry education and career development. This is a contract amendment to reduce the funds in the amount of \$100,000.00 for a term starting July 1, 2025, until June 30, 2026. This changes the not-to-exceed value of the contract from \$400,000.to \$300,00.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

Engage youth in prosocial activities, exposure opportunities, and skill development assessments.

A workforce development model will be used to assist youth in exploring career paths, obtaining job placement, networking opportunities, and community enrichment experiences.

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:
 Spread the Love Foundation
 6815 Euclid Ave.,
 Cleveland, Ohio 44103

Owner, executive director, other (specify):
 Ossie Mae Neal, President & CEO

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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 checked="" type="checkbox"/> No <input 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 notification and award process.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.20.25
Date documents were requested from vendor:	5.28.25
Date of insurance approval from risk manager:	5.27.25
Date Department of Law approved Contract:	5.27.25
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): see chart above

BC2025-422

Title	Request for PO#25002378 EXMT for 1 yr renewals of (4) Griffeye Advanced Floating licenses and (4) LACE Carver Forensic Add-on licenses totaling \$11,280.00
Department or Agency Name	County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25002378 EXMT	Magnet Forensics LLC	8-10-2025 – 8-09-2026	\$11,280.00	pending	pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Requesting 1 yr renewals of forensic licenses used by the Prosecutor's Internet Crimes Against Children Unit. Griffeye is a robust digital forensic program that automates the review of child sex abuse images and videos using a series of known hash sets. The program uses these hash sets to scan images and videos for the presence of previously identified or known child sexual abuse material and allows investigators to categorize these files and generate a report for investigation and prosecution purposes. The Lace Carver add-on allows for the carving and location of deleted files as part of this process. There are four (4) floating licenses which are stored on our server and these licenses are requested and accessible as investigators need them.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>Renewals of 1-yr license subscriptions</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>To assist in the investigation and prosecution of internet crimes against children</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Magnet Forensics, LLC 931 Monroe Drive NE, Suite A102-340 Atlanta, GA 30308	Amber Soukup, Renewals Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is an annual license renewal *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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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 type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" 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% County Prosecutor's 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. PS100100
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. Current licenses are set to expire on August 9, 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):						
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	24002472 EXMT	Magnet Forensics	8-10-2024 – 8-09-2025	\$9,160.00	July 15, 2024	BC2024-534

BC2025-423

TITLE	Subgrant Award Agreement Admin FY24 Violence Against Women Act
DEPARTMENT OR AGENCY NAME	Cuyahoga County Public Safety and Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	2024 Violence Against Women Act Block Award	1/1/2025 – 3/31/2026	\$18,895.06	May 13, 2024	BC2024-366
AMENDMENT (A-1)					

AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety and Justice Services is the Regional Planning Unit (RPU) that is responsible for the administration of the Violence Against Women block grant in Cuyahoga County. There is one Senior Grants Coordinator and one Fiscal Specialist who will be responsible for programmatic and fiscal oversight of the 2024 block grant.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Review fiscal reports and submit for reimbursement				
	Oversee subrecipients performance				
	Conduct site monitoring visits				

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.
	Ohio Department of Public Safety/Office of Criminal Justice Services
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	There is a cash match in the amount of \$6,298.35, which will come from the general fund. Total award \$25,193.41.

BC2025-424

Title	Public Safety & Justice Services, 2025: Purchase Order, Med-Eng, LLC; Regional Bomb Response Teams EOD Bomb Suit Ensemble (9)
Department or Agency Name	Public Safety & Justice 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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25002317	Med-Eng, LLC	6/5/2025- 9/30/2025	\$416,154.96	pending	

Service/Item Description (include quantity if applicable). Procuring nine (9) complete bomb suits for five regional bomb response teams – EDGE, SEALE, SEB, SPAN, WEB – to replace suits currently in use that have far exceeded the seven year manufacturer life span.

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 the project are 1) to provide support equipment for first responders to respond to terrorist events, and 2) to provide support for training and exercises for first responder to prepare for terrorist events, and 3) support identified National Priorities.

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):
Med-Eng, LLC 103 Tulloch Dr., Ogdensburg, NY 13669	David Grotkin US Director
Vendor Council District:	Project Council District:
NA	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15886</u> (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 5/5/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$368,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 162 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Med-Eng is lowest bid of specification-compliant bids received. Lower bids deemed non-compliant to the specifications.	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Compliant bids: \$416,154 – 508,118.00	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
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. NA	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FY2023 Urban Area Security Initiative (UASI) 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PJ280125 PJ-23-UASI
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):	10/17/2024

Date documents were requested from vendor:	6/4/2025
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-425

Title	2025 Public safety and Justice Services – Purchase Order – OEM EMAP Accreditation		
Department or Agency Name	Public Safety and Justice 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	25002427	Emergency Management Accreditation Program (EMAP)	N/A	\$33,180.00	TBD	TBD

<p>Service/Item Description (include quantity if applicable).</p> <p>Public Safety & Justice Services Office of Emergency Management (OEM) requests approval of a purchase order for the Emergency Management Accreditation Program (EMAP) accreditation fees. These fees are for the assessment application, on-site assessment & accreditation.</p> <p>In 2015, OEM was the first local government emergency management agency in the State of Ohio to obtain its accreditation. This accreditation must be renewed every five years.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The goal of this project is to pay the Emergency Management Accreditation Program (EMAP) accreditation fees.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Emergency Management Accreditation Program 201 Park Washington Ct Falls Church, VA 22046	Nicole Ishmael Vendor Contact
Vendor Council District:	Project Council District:
N/A – Out of state	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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:
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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 type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input 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. PJ280100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-426

Title	Cuyahoga County Job and Family Services/ Cleveland- Cuyahoga Workforce Development Board/ RFP Exemption/ 7/1/2025 – 6/30/2026 for workforce services
Department or Agency Name	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 type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Memorandum of Understanding

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5452	CC Workforce Development Board	7/1/2025 - 6/30/2026	\$131, 806.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Cleveland-Cuyahoga County Workforce Development Board shall ensure user-friendly access to a broad array of quality workforce services, provide access to the Comprehensive Case Management and Employment Program (CCMEP) and other youth services, process approved Individual Training Accounts for Ohio Works First (OWF) cash, assist with On-the-Job Training opportunities for OWF cash recipients and/or Supplemental Needy Assistance Program (SNAP) food assistance E&T clients.

Cuyahoga Job and Family Services (CJFS) is requesting approval of a Memorandum of Understanding with the Cleveland-Cuyahoga Workforce Development Board (CCWDB) in the amount of \$131,806.00 for the period of 7/1/2025 - 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):

- Ensure user-friendly access to a broad array of quality workforce services are provided to residents seeking employment and/or training
- Process approved individual Training Accounts for OWF cash and/or SNAP E&T recipients seeking skill training
- Provide access to the Comprehensive Case Management and Employment Program (CCMEP) and other youth services for eligible OWF/SNAP E&T participants.

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):
Cleveland-Cuyahoga County Workforce Development Board 1910 Carnegie Ave, Cleveland, OH 44115	Laura Chalker, Chief Operating Officer
Vendor Council District: 8	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. Cuyahoga Job and Family Services is requesting approval of a Memorandum of Understanding with the Cleveland-Cuyahoga Workforce Development Board (CCWDB) for workforce services. *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.

The project is funded 100% by Federal Temporary Assistance for Needy Families (TANF) dollars.

Is funding for this included in the approved budget? ☒ Yes ☐ No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

HS260195 UCH08300 55130

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

If late, have services begun? ☐ No ☒ Yes (if yes, please explain)

Have payments been made? ☒ No ☐ 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	4895	CC Workforce Development Board	7/1/2024 – 6/30/2025	\$113,296.00	12/9/2024	BC2024-935

BC2025-427

Title	Cuyahoga County Health and Human Services Division of Senior and Adult Services (DSAS) and Families and Children First Council (FCFC); CaseWorthy, Inc, Contract AMND1 for time period effective upon signature - 6/30/2026 for case management.
Department or Agency Name	Division of Senior and Adult Services (DSAS) and Families and Children First Council (FCFC)
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5070	CaseWorthy, Inc	1/1/2025 – 6/30/2026	\$240,200.00	1/13/2025	BC2025-27
A-1	5070	CaseWorthy, Inc	Effective upon signature – 6/30/2026	N/A	Pending	Pending

Service/Item Description (include quantity if applicable).

CaseWorthy will continue to provide licenses for and professional services to implement and maintain two deployments of its CaseWorthy CORE software as case management software for Cuyahoga Health and Human Services (HHS) – one for use by the Division of Senior and Adult Services (DSAS) and one for the Family and Children First Council (FCFC) and its partners. The Deployment will include ServTracker for service and delivery, separate web portals for the respective use of DSAS and FCFC providers and clients, and an anonymous referral kiosk for FCFC. The deployment will also include deployment of the Home Care mobile application.

The case management system will provide at least the following functionality:

- Client intake and internal routing workflows
- Referrals to and from contracted providers
- Scheduling of client appointments, services, and events
- Recording of case notes and activity
- Client assessments and forms
- Collection and storage of documents
- Collection of invoices
- Management of contract expenditures
- Full implementation of user access controls

This first amendment expands the scope of work and reallocates funds to cover additional services being provided. This amendment does not extend time. Amendment effective upon signature – 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: <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): Deployment of the Home Care mobile application. Improve ability to serve Clients effectively. Improve our management of data.

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):
CaseWorthy, Inc. PO Box 70837 West Valley City, Utah 84170	Lauren Schmidt Vice President of Sales
Vendor Council District:	Project Council District:
N/A	Varies
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is Purchase/Services technology related <input 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: 6/5/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. No additional funding.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260110 55130 UCH06100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-428

Title	2025 Revenue Generating Agreement – Division of Senior and Adult Services (DSAS); McGregor Pace; 4/1/2025 – 12/31/2025.
Department or Agency Name	Division of Senior and Adult Services (DSAS)
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	5453	McGregor Pace	4/1/2025 - 12/31/2025	\$72,600.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Program of All-Inclusive Care for the Elderly (“PACE” or “the Program”) is a capitated benefit program, administered by the Centers for Medicare and Medicaid Services (“CMS”), featuring a comprehensive service delivery system and integrated Medicare and Medicaid financing to Medicaid and Medicare eligible recipients and to non-Medicaid eligible clients age 55 or older, and through which, contracted PACE entities receive monthly Medicare and Medicaid capitation payments for services rendered to eligible enrollees. Cuyahoga County will hire home health aides to provide personal care support services in accordance with the program. McGregor will provide reimbursement payments to Cuyahoga County for services rendered.

Revenue Generating agreement amount is \$72,600.00. For a time-period of 4/1/2025 - 12/31/2025.

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):
 Support eligible enrollees with personal care support services.

Work together to review, revise and evaluate policies and procedures related to the program to ensure best services and practices are provided to clients including competency evaluations, adhering to monitoring and adhere to the QA Plan.

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

Vendor Name and address:	Owner, executive director, other (specify):
McGregor Pace	Tangi McCoy, Chief Executive Officer

26310 Emery Road Warrensville Hts, OH 44128	
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. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is a revenue-generating agreement where McGregor Pace will pay DSAS for this program.
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. No accounting units are used because this is revenue generating
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. New project	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: There were initially back and forth about when the project will start and making changes to the contract terms. Vendor needed to register McGregor Pace with Cuyahoga County and this processed was delayed by the vendor. Vendor completed the registration for AG and submitted their W-9 to obtain a vendor number and supplier number. There were multiple request made to obtain documents from the vendor. We received all the documents on 5/23/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/19/2024
Date documents were requested from vendor:	3/13/2025, 3/31/2025, 4/4/2025, 4/11/2025, 4/18/2025, 4/25/2025, 5/6/2025, 5/13/2025, 5/19/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	TBD
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 checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
This is a revenue generating contract based on reimbursement.	

HISTORY (see instructions):

BC2025-429

Title	Office of Early Childhood, Invest in Children with The Osgood Group. Amendment 4: 7/1/2025 – 12/31/2025
Department or Agency Name	Office of Early Childhood – Invest in Children
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.
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O	3961	The Osgood Group	12/05/2023-12/31/2024	\$70,000.00	12/04/2024	BC2023-788
A-1	3961	The Osgood Group	3/29/24 – 12/31/2024	\$500.00	4/9/2024	ION-4
A-2	3961	The Osgood Group	7/9/24 – 6/30/2025	\$15,000.00	7/8/24	BC2024-523
A-3	3961	The Osgood Group	4/22/2025 – 6/30/2025	\$6,000.00	4/21/25	BC2025-270
A-4	3961	The Osgood Group	7/1/2025 – 12/31/2025	\$15,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Office of Early Childhood, Invest in Children is seeking to enter the 4th amendment with The Osgood Group, LLC. This fourth amendment will extend the term to 12/31/2025 and will add funding in the amount of \$15,000.00. It will also change the scope of work to provide continued strategic plan implementation support at a total of 62 hours additional hours in three areas of focus: Leadership Support, Team Development, Plan Implementation and Monitoring.

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):

With these additional funds, The Osgood Group will focus on leadership Support, Team Development, Plan Implementation and Monitoring.

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

Vendor Name and address:	Owner, executive director, other (specify):
The Osgood Group, LLC 731 47 th . St Sarasota, FL 34234	Owner, Nancy Osgood
Vendor Council District:	Project Council District:
N/A	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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*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) EXMT <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260240 – 55130 – UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Services are Ongoing and transitioning into the next phase - Implementation	
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: None	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain):	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-430

Title	Amendment 1 with Northeast Ohio Coalition for the Homeless for Overflow Shelter Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <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	5111	Northeast Ohio Coalition for the Homeless	1/8/2025- 4/30/2025	\$122,211.32	1/28/2025	BC2025-57
A1	5111	Northeast Ohio Coalition for the Homeless	Effective upon signature- 12/31/2025	\$244,422.64	Pending	pending

Service/Item Description (include quantity if applicable).
NEOCH will manage overflow shelter services provided to unsheltered homeless women in Cuyahoga County. The services will include: <ul style="list-style-type: none"> Bathroom facilities, lockers, and bedding.

Office of Homeless Services plans to amend Contract No. 5111 with Northeast Ohio Coalition for the Homeless to extend time period from 1/8/2025-4/30/2025 through 12/31/2025 for Overflow Shelter Services in the amount of \$244,422.64.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Provide a safe and secure facility for women when larger shelters are at capacity or are unable to provide relevant services. Provide support services to connect persons to stable housing. Reduce unsheltered homeless population.

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):
Northeast Ohio Coalition for the Homeless 3631 Perkins Ave Cleveland, OH 44114	Chris Knestrick, Executive Director
Vendor Council District: District #7	Project Council District: 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. Grant Award to College Now Amendment to an existing contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input 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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. 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) originally an RFP exmt <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% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350 – 55130 - UCH09999
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. Project is currently functioning as intended. These funds are needed to continue the operations for the next year.	
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: It took some time to determine the final budget for the remainder of the year.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/19/2025
Date documents were requested from vendor:	5/19/2025
Date of insurance approval from risk manager:	

Date Department of Law approved Contract:	6/11/2025
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): see chart above

BC2025-431

Title	Amendment 1 for Journey Center for Safety and Healing or Rapid Rehousing and Shelter for Families
Department or Agency Name	The Department of Health and Human Services, Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5150 FKA 4499	Journey Center for Safety and Healing	6/1/24 – 5/31/25	\$303,130.00	7/2/2024	BC 2024-497
A1	5150 FKA 4499	Journey Center for Safety and Healing	6-1-2025- 5/31/2026	\$303,130.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to CoC services. Family Promise operates one of four family shelters within the CoC, with a focus on youth adult families. Family Promise offers case management focused on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.</p> <p>The Department of Health and Human Services plans to amend CM #5150 FKA 4499 with Journey Center for Safety and Healing for Rapid Rehousing and Shelter for Families to extend the time period from 6/1/2024-5/31/2025 to extend the time to 5/31/2026 for an additional \$303,130.00.</p>

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Provide safe, decent shelter for families facing homelessness and/or domestic violence. Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance. Link families with ongoing community supports to ensure housing stability.

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: Journey Center P.O. Box 5466 Cleveland, Ohio 44101	Robin Johnson, interim executive director
Vendor Council District: n/a – confidential location	Project Council District: 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. Amendment to an existing contract. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) originally an RFP exmt due to subgrant
	<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. 67% - US Department of Housing and Urban Development Rapid Rehousing for Families Grant 33% - Health & Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS220110 - 67% U.S Department of Housing and Urban Development CoC Rapid Rehousing Families HS260350- 33 % Cuyahoga County Health and Human Services - Levy
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is currently functioning as intended. These funds are needed to continue the operations for the next year.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: There was accounting unit errors found during the delay that took time to research and resolve. Vendors COI also expired 6.1.25 and it took various attempts of requesting to received 6.10.25.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/10/25
Date documents were requested from vendor:	4/16/25, 4/25/25, 5/14/25, 5/28/25, 6/1/25
Date of insurance approval from risk manager:	6/12/25
Date Department of Law approved Contract:	6/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services are being continued and extended.
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) HS220110 - \$40,077.23, HS260350 - \$26,052.72 made prior to end of contract.

HISTORY (see instructions): see chart above

C.- Exemptions

BC2025-432

TITLE	Public Works – Animal Shelter – Emergency and Medical Services -
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" 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.
	July 17, 2023	BC2023-453
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting to amend the previously approved alternative procurement for the Animal Shelter for Emergency and Medical Services, to extend the original time period (7/1/23 – 6/30/25) to now end 12/31/27, and add additional not-to-exceed funds in the amount of \$150,000.00. This approval will result in as-needed purchase orders with various providers for emergency and medical related services for the County Animal Shelter.	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	50% Dog Kennel Operations Fund / 50% Dick Goddard Best Friends Fund

D. - Consent Agenda

BC2025-433

TITLE	Public Works – Print Shop Equipment Disposal
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Disposal of Equipment
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is declaring Four (4) pieces of equipment as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. All equipment is older, no longer supported by manufacturers and no parts are available.
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Asset #	Description	Year acquired (est.)
J0544	Gerber Odysse Plotter	2001
NA	Dell CPU	2000
NA	HP Z420 CPU	Unknown
NA	Harco Exposure Unit	Unknown

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Community Corrections Grant Agreement FY26-27
DEPARTMENT OR AGENCY NAME	Cuyahoga County Common Pleas Court / Corrections Planning Board

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 <i>(for grants with Cash Match and/or Subrecipients)</i> . <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients)</i> . ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required)</i> . <input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required)</i> . <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
--	---

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections Grant	July 1, 2025 – June 30, 2027	\$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A)	6/26/2023	CON2023-71

	Agreement FY26-27		+		
			\$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B)		
			TOTAL = \$17,815,082.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>Community Correction Act (CCA) Grant: CCA grant funds are intended to divert defendants/offenders associated with the Cuyahoga County Common Pleas Court into community-based supervision to benefit the offender, the criminal justice system and the public by providing a more cost-effective sanction than jail or prison, a chance for behavior change and a safer community.</p> <p>Targeted Community Alternatives to Prison (T-CAP): T-CAP grant funds are intended to allow local communities to effectively supervise, provide treatment services and hold accountable low-level, non-violent offenders in the community and at the same time reduce Ohio's prison population.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		General Goal #1: Success Rate - The Grantee's success rate will be equal to or exceed 50% for individuals terminated from the organization during the grant performance period.			
		General Goal #2: Projected Admission Number - The Grantee's admissions rate will be equal to or exceed 95% of the projected admissions by the organization in their grant application during the grant performance period.			
		General Goal #3: Bureau of Community Sanctions (BCS) Performance Standards - The Grantee's biennial program review compliance rate will be equal to or exceed 60% for applicable Bureau of Community Sanctions (BCS) Performance Standards during the grant performance period.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input 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:	See below
LIST THE (OWNERS, EXECUTIVE DIRECTOR,	See below

OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	Entire County
DOLLAR AMOUNT ALLOCATED:	<p>The grant supports residential treatment services in the amount of \$460,000.00. Funds are to be allocated for the following services (approximate amounts):</p> <p>(1) Residential treatment services (TBD)</p> <p>The grant supports non-residential treatment services in the amount of \$2,918,735.00. Funds are to be allocated for the following services (approximate amounts):</p> <p>(1) Domestic Violence Classes (anticipate Cleveland Municipal Court's Domestic Intervention, Education and Training) (DIET) Program; Contact: Dean Jenkins/Probation Department)</p> <p>(2) Job Readiness Training (TBD)</p> <p>(3) Mental Health Counseling (anticipate Cuyahoga County Board of Developmental Disabilities; Contact: Sarah Cammock, Esq.)</p> <p>(4) Non-Support (anticipate Passages, Inc; Contact: Dr. Brian Moore)</p> <p>(5) Cognitive Behavior Classes (TBD)</p> <p>(6) Sex Offender Treatment (TBD)</p>

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Rehabilitation and Correction
	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	2025 George Gund Foundation Grant Award-Justice and Health Equity
DEPARTMENT OR AGENCY NAME	Fiscal Office

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	Justice and Health Equity Officer	10/1/25- 12/31/26	300,000.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Justice and Health Equity Officer will spearhead initiatives aimed at addressing disparities in access to justice and healthcare services, including a direct role in the creation of the county's Central Services Campus in Garfield Heights. Through strategic partnerships and innovative approaches, the officer will work to dismantle systemic barriers and promote fairness, dignity, and wellness for all residents of Cuyahoga County.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Advance Pathways to addressing upstream justice				
	Engaging community partners to determine appropriate responses around diversion and re-entry				
	Developing strategies to streamline healthcare intervention for justice system-involved population				

<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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.</p>	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	
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.
	The George Gund Foundation
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	Cleveland Browns Healthy Relationship Microgrant Time Extension &
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	FY23 Healthy Relationships Microgrant	12/1/2023-12/31/2024	\$7,500.00	1/2/2024	CON2024-03
AMENDMENT (A-1)	Healthy Relationships Microgrant	12/1/2023-12/31/2025	\$11,790.00		
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Cleveland Browns have awarded the Department of Public Safety & Justice Services additional funding in the amount of \$11,790 to assist with enhancing programming and development for Camp HOPE in Cuyahoga County.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Enhance Camp HOPE Pathways year-round enrichment activities
	Provide support for an internship pilot program for Camp HOPE America
	Frontline therapeutic staff support for Camp HOPE America 2025

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input 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:	Mental Health Services for Homeless Persons, Inc. dba FrontLine Services, Inc.
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan Neth, Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 7
DOLLAR AMOUNT ALLOCATED:	\$10,000 approximate

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

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

Item No. 4

TITLE	FY24 Coverdell (Formula) Grant for Authority to Accept Award
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i> <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i>
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<p>➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (<i>when the signature of the County Executive is required</i>).</p> <p><input type="checkbox"/> Grant Award (<i>when the signature of the County Executive is not required</i>).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (<i>when no signature is required by the County Executive</i>)</p>
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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)	BJA FY24 Paul Coverdell Forensic Science Improvement (Formula) Grants Program	1/1/2025-12/31/2025	\$80,261.14	Grant Application: 1/6/25	CON2025-02
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The purpose of the funding from the FY24 Coverdell Formula grant is to assist the Cuyahoga County Medical Examiner and its Regional Forensic Science Laboratory staff with maintaining required medical and forensic science accreditation and licensing requirements and to stay informed on the latest forensic technologies, practices, policies, and procedures. The grant funding will also allow the Medical Examiner's Office to maintain critical software licenses.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Increase casework throughput.			
		Increase casework capacity.			
		Maintain required medical and forensic science accreditation and licensing requirements.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input 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:	All Districts
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.
	BJA FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant Program
	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. 5

(See related list of Contracts \$0.00 - \$10,000.00 – processed and executed for the week of 6/30/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT