



**Cuyahoga County Board of Control Agenda
Monday, September 15, 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 – 9/8/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2025-407

Sheriff's Department,

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

Funding Source: Federal Equitable Sharing Account

B. – New Items for Review

BC2025-573

Department of Public Works, submitting an amendment to Contract No. 4051 with CTL Engineering, Inc. for geotechnical services for the Central Services Campus Project on a task order basis for the period 1/3/2024 through project completion, for additional funds in the amount not-to-exceed \$50,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-574

Department of Public Works, submitting an amendment to Contract No. 4586 with RAM Construction Services of Cleveland, LLC for sealant repairs at the Cuyahoga County Juvenile Justice Center to expand the scope of services, amend Exhibit A of the original contract to add a new Exhibit A and for additional funds in the amount not-to-exceed \$122,866.80, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-575

Department of Housing and Community Development, submitting an amendment to Contract No. 2487 with Empowering and Strengthening Ohio's People for counseling and financial assistance serviced to income-eligible tenants in connection with the Emergency Rental Assistance 2 Program for the period 6/1/2022 – 6/30/2025 to extend the time period to 9/30/2025 and for additional funds in the amount not-to-exceed \$390,319.00, effective 7/1/2025.

Funding Source: U.S. Treasury Emergency Rental Assistance 2 fund

BC2025-576

Department of Housing and Community Development, submitting an amendment to Contract No. 3808 with Cuyahoga County Planning Commission for planning activities and technical assistance for environmental reviews and various competitive municipal grant program project initiatives to eliminate blight in Cuyahoga County for the period 9/1/2023 - 8/31/2025 to extend the time period to 8/31/2027, to expand the scope of services in accordance with Exhibit A, and for additional funds in the amount not-to-exceed \$50,000.00, effective upon signatures of all parties.

Funding Source: Housing Project Account

BC2025-577

Department of Housing and Community Development, recommending a HOME funded grant to North Coast CHDO Homes in the amount not-to-exceed \$500,000.00 for acquisition and rehabilitation of (3) single family homes for developmentally disabled adults.

Funding Source: Federal HOME Investment Partnership Act Funds

BC2025-578

Department of Information Technology, recommending an award on Purchase Order No. 25002661 to Carahsoft Technology Corp. in the amount not-to-exceed \$78,683.73 for a joint cooperative purchase for renewal of various Smartsheet project management software subscriptions and support for the period 8/21/2025 – 9/20/2026.

Funding Source: General Fund

BC2025-579

Department of Information Technology, recommending an award on Purchase Order No. 25003410 with Integrated Precision Systems in the amount not-to-exceed \$236,348.26 for a state contract purchase of video surveillance, access control and intrusion alarm systems, XProtect Corporate Device Licenses and 1 year of support, related accessories, installation and programming services for the parking lot located at the Veterans Service Commission administrative offices.

Funding Source: Parking Services Fund

BC2025-580

Department of Information Technology, recommending an award on Purchase Order No. 25003428 with Integrated Precision Systems in the amount not-to-exceed \$91,952.21 for a state contract purchase of (28) surveillance cameras, Xprotect Corporate Device License and 1 year of support, (6) monitors, offsite video storage, related accessories, installation and programming services for the Central Booking Unit at the Justice Center.

Funding Source: FY2022 Byrne Discretionary Funding Grant Program

BC2025-581

Department of Information Technology, recommending an award on Purchase Order No. 25003459 to GovConnection, Inc. in the amount not-to-exceed \$16,241.00 for a joint cooperative purchase of an additional Cisco Systems Analog Voice Gateway and AC power supply for the Justice Center.

Funding Source: Capital Improvement Plan

BC2025-582

Department of Information Technology, recommending an award on Purchase Order No. 25003502 to SHI International Corp. in the amount not-to-exceed \$14,265.00 for a joint cooperative purchase for the renewal of (4500) PatchMyPC Enterprise Plus software subscriptions for the period 12/16/2025 – 12/15/2026.

Funding Source: General Fund

BC2025-583

Department of Information Technology on behalf of Court of Common Pleas/Juvenile Court Division, recommending an award on Purchase Order No. 25003525 with The Ohio State University dba OARnet in the amount not-to-exceed \$11,052.80 for annual renewal of (128) VMware Cloud Foundation Edge - Deployment Only software subscriptions for the period 7/31/2025 – 7/30/2026.

Funding Source: General Fund

BC2025-584

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 4196 (fka Contract No. 2121) with Passages Connecting Fathers and Sons, Inc. for Specialized Programming for Non-Support Offenders for the period 7/1/2021 – 6/30/2025 to extend the time period to 6/30/2027, to change various terms of the Original Agreement, Section VI to add additional language addressing Confidentiality, Section XII to add insurance requirements requiring Passages, Inc. to procure insurance coverage, maintain, and pay premiums for the coverages and for additional funds in the amount not-to-exceed \$90,500.00, effective 7/1/2025.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant Funds

BC2025-585

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Mental Health Services For Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$15,400.00 for junior counselors, college interns, and trauma-trained staff to help run and support Camp Hope & Pathways programming and operations for the period 7/27/2025 - 12/31/2025.
- b) Recommending an award on Contract No. 5598 to Mental Health Services For Homeless Persons, Inc. dba Frontline Service in the amount not-to-exceed \$15,400.00 for junior counselors, college interns, and trauma-trained staff to help run and support Camp Hope & Pathways programming and operations for the period 7/27/2025 - 12/31/2025.

Funding Source: The Cleveland Browns Give Back Grant

BC2025-586

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5622) with Southwest General Health Center in the amount not-to-exceed \$42,527.05 to provide and employ a sufficient number of Cuyahoga Job and Family Services trained workers whose assigned caseloads will consist of Southwest patients applying for Medicaid or needing assistance with their Medicaid benefits for the period 9/1/2025 - 8/31/2026.

Funding Source: Revenue Generating

BC2025-587

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-1 to expand the scope of services and to add

B-1 which represents the budget for the current amendment; and for additional funds in the amount not-to-exceed \$30,450.00, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2025-588

Department of Purchasing on behalf of the Department of Public Works, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating

BC2025-589

Fiscal Department, presenting proposed travel/membership requests for the week of 9/15/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Development	Downtown Cleveland	\$30,000.00	7/10/2025 – 12/31/2025	General Fund

Purpose of Membership:

Downtown Cleveland, INC's mission is to attract talent, jobs, residents, and investment through market influence, community impact, and irresistible experiences.

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Public Safety and Justice Services	National Institute for Criminal Justice Reform	\$10,000.00	7/1/2025 – 6/30/2026	General Fund

Purpose of Membership:

The National Institute for Criminal Justice Reform (NICJR) works to reduce incarceration and violence, improve the outcomes of system-involved youth and adults, and increase the capacity and expertise of the organizations that serve these individuals. NICJR provides technical assistance, consulting, research, organizational development, and advocacy in the fields of juvenile and criminal justice, youth development, and violence reduction. NICJR works with an array of organizations, including government agencies, nonprofit organizations, and philanthropic foundations.

Dept:	County Executive's Office
Event:	Site Readiness for Good Jobs Fund Board Meeting
Source:	Site Readiness for Good Jobs Funds
Location:	Pittsburgh, PA

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Debbie Berry	9/18/2025- 9/18/2025	\$0.00	\$25.00	\$0.00	\$63.00	\$0.00	\$88.00	Sites Readiness Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Traveling to Pittsburgh, PA with the Sites Readiness Fund of which Debbie Berry is the County's representative on the Board, to visit the sites as part of our Board diligence to see how other similar organizations have managed to transform existing brownfield sites into productive job creating venues.

Dept:	Medical Examiner's Office							
Event:	NAME 59 TH Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Louisville, KY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Joseph Felo	10/16/2025- 10/21/2025	\$950.00	\$214.00	\$1,729.62	\$757.20	\$0.00	\$3,650.82	Coverdell Formula Grant FY24
Elizabeth Mooney	10/17/2025- 10/21/2025	\$950.00	\$149.00	\$1,275.43	\$708.84	\$0.00	\$3,083.27	Coverdell Formula Grant FY24
Chelsea Cornell	10/17/2025- 10/21/2025	\$950.00	\$149.00	\$1,153.07	\$710.80	\$0.00	\$2,962.87	Coverdell Formula Grant FY24

*Paid to host

**Staff reimbursement

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

Purpose:

Attendance to the National Association of Medical Examiners meeting to obtain continuing medical education credits to maintain an Ohio Medical license and board certification by American Board of pathologist. Also to meet and recruit future potential Forensic Pathology fellows for the fellowship training program at CCMEQ.

Dept:	Medical Examiner's Office							
Event:	SOFT 2025 Annual Meeting							
Source:	Society of Forensic Toxicologist							
Location:	Portland, OR							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jocelyn Abonamah	10/26/2025- 10/31/2025	\$899.00	\$274.00	\$1,374.00	\$74.00	\$539.37	\$3,160.37	Coverdell Formula Grant FY24

*Paid to host

**Staff reimbursement

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

Purpose:

I will attend the annual Society of Forensic Toxicology meeting. Represent CCMEQ, attend workshops, symposiums, and scientific sessions. Workshops regarding new ANSI/ASB validation standards and recent advances in Orbitrap technology are requested.

BC2025-590

Department of Purchasing, presenting proposed purchases for the week of 9/15/2025:

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
25003466	Annual (1) year renewal subscription to Thinkst Canary software licenses	Department of Information Technology	Above & Beyond Electronics, LLC	\$10,794.73	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003392	Factory Authorized – Accident repairs on 2024 Ford Transit -350*	Department of Public Works	Montrose Ford, LLC	\$11,259.94	General Fund

*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts

and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Development, submitting the Northeast Ohio Workforce Regional Plan with Greater Cleveland Works to define the terms for achieving specific outcomes related to employment, earnings, credential attainment, and skill gains in connection with the Workforce Innovation and Opportunity Act for the period 7/1/2025 - 6/30/2029.

Funding Source: n/a

Item No. 2

Court of Common Pleas/Corrections Planning Board, submitting a pass-through Subgrant Award from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$729,005.40 for alcohol and other drug assessment, case management and intensive outpatient treatment services in connection with the SFY2026 Treatment Alternatives to Street Crime Program (TASC) for the period 7/1/2025 – 6/30/2026.

Funding Source: Ohio Department of Mental Health and Addiction Services pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS)

Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting an addendum to a Subrecipient Agreement with Cuyahoga County Board of Health for various services in connection with the FY2025 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority Aids Initiative for the period 3/1/2025 – 2/28/2026 to change the total amount of the award from \$24,623.00 to \$55,836.00 and to replace Exhibit A with Exhibit A-1, effective upon signature of all parties, as follows:

- a) Home and Community Health Care from \$19,400.00 to \$43,992.00
- b) Home Health Care from \$5,223.00 to \$11,844.00

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

Item No. 4**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	5511	Homeland Language Services	Language interpretation services for public safety communications	\$1,000.00	Department of Public Safety and Justice Services	9/11/2025-9/10/2027	Wireless Fund	(Executive) 9/8/2025 (Law) 9/8/2025
NA	5617	Salus Consulting LLC	Travel for Salus to attend the annual Cuyahoga County Medical Examiner's Overdose Fatality Review (OFR) initiative meeting	\$3,450.00	Department of Public Safety and Justice Services	Effective upon signatures of all parties- 10/12/2025	Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Grant	(Executive) 9/4/2025 (Law) 9/3/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2025-0188	Resurfacing of Bagley Road from Lindbergh Boulevard to Beech Street in the City of Berea -Council District 5 Michael Gallagher	\$5,115,000.00		80% Federal Funds (\$4,092,000.00) 10% Road and Bridge Fund (\$511,500.00) 10% City of Berea (\$511,500.00)	(Executive) 9/4/2025

VI – PUBLIC COMMENT**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control

Monday, September 8, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

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

Attending:

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)

Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Laura Black, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

II. – REVIEW MINUTES – 9/2/2025

Leigh Tucker motioned to approve the minutes from the September 2, 2025, meeting; Nichole English seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

No Public Comment

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

BC2025-448

Sheriff's Department, submitting an amendment to Contract No. 5116 (fka Contract No. 4877) with Practical Solutions for Public Safety for staff analysis for the period 11/14/2024-11/13/2025, to expand the scope of services in accordance with Schedule A titled Scope of Work Amendment, and for additional funds in the amount not-to-exceed \$19,200.00, effective upon signatures of all parties.

Funding Source: General Fund

Nichole English, Department of Public Works on behalf of the Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-448 was approved by unanimous vote.

B. – New Items for Review

BC2025-562

Department of Public Works, recommending a payment on Purchase Order No. 25003163 to Northeast Ohio Areawide Coordinating Agency in the amount of \$153,835.00 for annual membership dues for the period 7/1/2025 – 6/30/2026.

Funding Source: \$5.00 Motor Vehicle License Tax

Nichole English, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-562 was approved by unanimous vote.

BC2025-563

Department of Public Works, submitting an amendment to Contract No. 1126 with Union Industrial Contractors, Inc. for rehabilitation of Cedar Point Bridge No. 00.49 over the Rocky River located in the Cleveland Metropolitan Park District in the City of North Olmsted for additional funds in the amount not-to-exceed \$301,532.20.

Funding Source: Cuyahoga County Road and Bridge

Nichole English, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-563 was approved by unanimous vote.

BC2025-564

Department of Information Technology, recommending an award on Purchase Order No. 25003077 to SHI International Corp. in the amount not-to-exceed \$114,922.10 for a joint cooperative purchase for the renewal of various Google/Mandiant software subscriptions and support for the period 9/25/2025 – 9/24/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-564 was approved by unanimous vote.

BC2025-565

Department of Information Technology, recommending an award on Purchase Order No. 25003395 to SHI International Corp. in the amount not-to-exceed \$63,815.22 for a joint cooperative purchase for the renewal of (1) Gravwell Enterprise data and analytics platform subscription and professional support, for the period 10/30/2025 – 10/29/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-565 was approved by unanimous vote.

BC2025-566

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Christian Children's Home of Ohio dba Safe Harbor Ohio in the amount not-to-exceed \$200,000.00 for Trauma Informed Residential Treatment services for Court-referred youth identified as survivors of human trafficking, effective upon signatures of all parties through 6/30/2026.
- b) Recommending an award and enter into Contract No. 5618 with Christian Children's Home of Ohio dba Safe Harbor Ohio in the amount not-to-exceed \$200,000.00 for Trauma Informed Residential Treatment services for Court-referred youth identified as survivors of human trafficking, effective upon signatures of all parties through 6/30/2026.

Funding Source: Health & Human Services Levy

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-566 was approved by unanimous vote.

BC2025-567

Sheriff's Department, recommending an award on Purchase Order No. 25003336 with Integrated Precision Systems, Inc. in the amount not-to-exceed \$180,466.38 for a state contract purchase of various cameras and related equipment, offsite video storage units, installation and programming services, Xprotect Device Licenses and 1 year Care Plus service package for each unit.

Funding Source: Commissary Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-567 was approved by unanimous vote.

BC2025-568

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in a payment to Summit Food Services, LLC in the amount not-to-exceed \$12,723.47 as final payment for purchase of food and related services for the 2025 National Correctional Officer's Week.
- b) Recommending a payment on Purchase Order No. 25003398 to Summit Food Services, LLC in the amount not-to-exceed \$12,723.47 as final payment for purchase of food and related services for the 2025 National Correctional Officer's Week.

Funding Source: General Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-568 was approved by unanimous vote.

BC2025-569

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 5534 (fka Contract No. 4815) with Qminder LTD for the pilot program of a queuing system for visitors to Cuyahoga Job and Family Services for the period 9/30/2024 – 9/29/2025 to extend the time period to 9/29/2026 and for additional funds in the amount not-to-exceed \$21,500.00.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Meredith Turner seconded. Item BC2025-569 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-570 through BC2025-572; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-570

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of August 2025 in accordance with EA02012-0001 on behalf of the following county agencies:

Funding Source: Revenue Generating

BC2025-571

Fiscal Department, presenting proposed travel/membership requests for the week of 9/8/2025:

Dept:	Department of Public Works							
Event:	T & D World live 2025 Conference							
Source:	T & D World							
Location:	Glendale, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Mike Foley	9/22/2026- 9/25/2026	\$0.00	\$0.00	\$825.77	\$0.00	\$800.00	\$1,625.77	Utility Operations Fund

*Paid to host- No registration fee invitation only event

**Staff reimbursement

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

Purpose:

T & D world is the annual conference held for all of the electric utilities in the country. Mike Foley has been asked to speak on a panel about the new utility - Cuyahoga Green Energy and its impact on Microgrid developments.

Dept:	Sheriff's Department							
Event:	Court Safety and Security Conference							
Source:	National Criminal Justice Training Center							
Location:	Appleton, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
John Jerman	3/23/2026- 3/26/2026	\$325.00	\$200.00	\$480.00	\$0.00	\$0.00	\$1,005.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Training Opportunity at the Court Safety and Security National Conference.

Dept:	Medical Examiner's Office							
Event:	36 th International Symposium on Human Identification							
Source:	Promega							
Location:	West Palm Beach, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Lisa Moore	11/3/2025-11/6/2025	\$995.00	\$140.00	\$846.00	\$201.84	\$408.36	\$2,591.20	DNA Backlog Grant FY24
Gerald Furniss	11/3/2025-11/6/2025	\$995.00	\$240.00	\$844.11	\$191.42	\$408.36	\$2,678.89	DNA Backlog Grant FY24
Andrew Ziegler	11/2/2025-11/6/2025	\$1,420.00	\$241.00	\$1,079.15	\$230.00	\$363.37	\$3,333.52	DNA Backlog Grant FY24

*Paid to host

**Staff reimbursement

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

Purpose:

Attend 36th International Symposium on Human Identification and Present a poster.

BC2025-572

Department of Purchasing, presenting proposed purchases for the week of 9/8/2025:

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
25003420	(1) 2025 New Never Titled Chrysler Pacifica Van	Department of Public Works	Kufleitner Automotive, Inc. dba Kufleitner Chrysler Dodge Jeep Ram Truck	\$43,122.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003465	Factory Authorized – Accident repairs on 2020 Ford Explorer*	Department of Public Works	Montrose Ford, LLC	\$22,323.40	General Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Human Resources, submitting a grant agreement with the Ohio Department of Development in a total amount not to exceed \$29,718.00 for the period 4/1/2025 – 7/31/2026 for reimbursement of technology training for County employees in connection with the Ohio TechCred Grant Program, Round 32.

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

Item No. 2

Public Defender's Office, submitting a Grant Application and Award from Saint Luke's Foundation of Cleveland, Ohio in the amount of \$20,000.00 for support of the Cuyahoga County Public Defender's Family Intervention Representation and Services Team (FIRST) Program for the period 8/12/2025 – 8/31/2026.

Funding Source: Saint Luke's Foundation of Cleveland, Ohio

Item No. 3

Contracts up to \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 8006	2372	Chagrin Valley Dispatch Council	for Countywide Criminal Justice Data Warehouse Hosting services	\$0.00	Department of Public Safety and Justice Services	5/1/2022 - 4/30/2027 to terminate the contract effective 9/14/2025	(Original) Criminal Justice Information Sharing Fund	

NA	4466	City Of Garfield Heights	For Community Diversion Program services to replace the insurance requirements, effective 1/1/2025	\$9,600.00	Court of Common Pleas/Juvenile Court Division	1/1/2024 – 12/31/2024 to extend the time period to 12/31/2026	(Original) Health and Human Services Levy Fund	(Executive) 8/27/2025
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Item No. 4

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 8/1/2025 – 8/31/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “9/8/2025 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

No Public Comment

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:13 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

BC2025-407

Title	Axon Body 4 8-Bay Docks
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002329 EXMT	Axon Enterprise, Inc.		\$50,424.48	Pending	Pending

Service/Item Description (include quantity if applicable). The Sheriff's Department is requesting to purchase Axon Body 4 8-Bay docks.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The equipment is needed to continue to issue out necessary tools to the department. With the body camera's we use, its proprietary to Axon. This is needed to have everything work and function correctly.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Axon Enterprise, Inc. 17800 North 85 th Street Scottsdale, AZ 85255	Patrick Smith, CEO
Vendor Council District:	Project Council District:

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

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

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

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

SH285180	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	
Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

B. – New Items for Review

BC2025-573

Title	2025 Public Works plans to Amend contract CM 4051 for Geotechnical Services with CTL Engineering, Inc. for an additional \$50,000.
Department or Agency Name	
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	CM 4051	CTL Engineering, Inc.	Effective date – Completion of Work	\$150,000	1/2/2024	BC2024-03
A-1	CM 4051	CTL Engineering, Inc.	Effective date – Completion of Work	\$50,000	pending	pending

Service/Item Description (include quantity if applicable). Requesting approval of this first amendment with CTL Engineering, Inc. in the amount of \$50,000. As with the original contract, this amended contract does not have an end date, instead the contract extends through the completion of work. The scope of the contract remains the same.	
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 N/A Age of items being replaced: _____ How will replaced items be disposed of? _____	
Project Goals, Outcomes or Purpose (list 3): The primary goal of this request is the approval of the amendment with CTL Engineering, Inc. so that they may continue to provide the needed geotechnical services for the new Cuyahoga County Corrections Center project.	

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):
CTL Engineering, Inc. 3085 Interstate Parkway, Brunswick, Ohio 44212	Matthew Kairouz, P.E., Branch Manager
Vendor Council District:	Project Council District:
N/A – Located in Brunswick	8
If applicable provide the full address or list the municipality(ies) impacted by the project.	Garfield Heights

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___7866___ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 1/12/2022	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) 83 / 3	<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 (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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 checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
Venders were scored based on qualifications	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
N/A Venders were scored based on qualifications	<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: N/A	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund 100%
Is funding for this included in the approved budget? <input 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. PW600125 55200 CFCCC0000301
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? ☐ No ☐ Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2025-574

Title	Juvenile Justice Center Sealant Repair
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" 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	CM 4586	RAM Construction Services of Cleveland, LLC	N/A	\$433,838.47	7/8/2024	BC2024-508
Amendment #1	CM 4586	RAM Construction Services of Cleveland, LLC	N/A	\$122,866.80	Pending	

Service/Item Description (include quantity if applicable).

Remove and replace all sealant in perimeter joints and seal the gaps in the gaskets of the store front windows on the North Elevation.

Remove and replace all sealant in perimeter joints of the store front windows on the South Elevation above the Second Floor excluding the two alcoves.

Dome Sealant Repair

Curtain Wall Sealant Repair

Install Silane on Concrete Panels

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) Amendment to close out project with items needed.		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A		
Project Goals, Outcomes or Purpose (list 3): The Juvenile Justice Center currently has water intrusion from the curtain wall windows on the North Elevation and the cornice. The curtain wall windows are in need of re-sealing to stop the water intrusion, the exterior of the cornice is not accessible by means of mechanical equipment, requiring additional davits be installed, the interior cornice sealed, and drainage system installed to halt the water intrusion.		

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):
RAM Construction Services of Cleveland, LLC 100 Corporation Center Building No. 4. Broadview Heights, Ohio 44147	Kyle Ressler – Regional Director
Vendor Council District:	Project Council District:
District 6	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Vendor has already been approved under original contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / Amendment #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.	<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
Amendment #1	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
N/A	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase. N/A	If item is not on IT Standard List state date of TAC approval: N/A
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. General Fund 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Acct, Unit -PW600100 Acct. 72100 Activity- CFJJ0002301
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain):

Provide status of project. Vendor is working well to complete	
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):	6/17/2024
Date documents were requested from vendor:	

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is to provide housing counseling to Cuyahoga County Households with priority for those whose income is equal to or less than 50% of the HUD published Area Median Income for the family size and to households with one or more members that have been unemployed for at least 90 days.

To connect a high volume of clients in need of assistance to services that can provide the help identified during counseling.

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):
Empowering and Strengthening Ohio's People (ESOP) 11890 Fairhill Road Cleveland, Ohio 44120	Michael Billnitzner, Executive Director
Vendor Council District:	Project Council District:
6	Will impact all Council Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	Will impact all Council Districts

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:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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 amendment is funded 100% with U.S. Treasury Emergency Rental Assistance 2 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. HC350105 55120 DV-21-ARP-ERA2 55120
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 checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The signed amendment was received 8/29/25	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/9/25
Date documents were requested from vendor:	8/5/25, 8/11/25, 8/22/25
Date of insurance approval from risk manager:	8/26/25
Date Department of Law approved Contract:	8/26/25
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) This is an amendment to extend time and add additional funds to original contract that originally started 6/1/2022, so services have already started.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-576

Title	CM3808 – Amendment 1 – Housing and Community Development Contract with Cuyahoga County Planning Commission – extend time and add funds
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Department or Agency Name	Housing and Community Development
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	3808	Cuyahoga County Planning Commission	9/1/2023 – 8/31/2025	\$150,000.00	10/30/2023	BC2023-676
A-1	3808	Cuyahoga County Planning Commission	9/1/2023 – 8/31/2027	\$50,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Requesting approval of an amendment to the Inter-Agency Agreement between the Cuyahoga County Planning Commission and the Cuyahoga County Department of Housing and Community Development. It will allow the Planning Commission to continue to assist the Department of Housing and Community Development in planning and technical assistance related to Municipal Grants through August 31, 2027. Additionally, funds will be provided to conduct a county-wide vacant lot analysis in an amount not to exceed \$50,000.00. These funds will come from the Housing and Community Development Housing fund.

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):

Cuyahoga County Planning Commission will conduct Environmental Reviews for Competitive Municipal Grant program projects and other federal assisted undertaking as required.

Cuyahoga County Planning Commission will conduct verification that activities proposed for Competitive Municipal Grant Funding by local communities meet the CDBG national objective to eliminate blight in community-defined areas not currently identified as Improvement Target Areas.

Cuyahoga County Planning Commission will conduct other Technical Assistance to meet federal program requirements as required.

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):
Cuyahoga County Planning Commission	Mary Cierebiej, AICP Executive Director

2079 East 9 th Street, Suite 5-300 Cleveland, OH 44115	
Vendor Council 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. This is a contract for the Cuyahoga County Planning Commission to provide support to the Department of Housing and Community Development. Discretionary expenditure for approved initiative *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) GOVP <input type="checkbox"/> Other Procurement Method, please describe:

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

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Housing Project Account
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HC223205/ 55200/ HCD-PROJECT
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Contract is ongoing since 9/1/2023.	
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: Department received signed amendment 8/27/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/27/2025
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	8/15/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	Contract started 9/1/2023
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	Contract started 9/1/202

HISTORY (see instructions): see chart above

BC2025-577

TITLE	2025 North Coast CHDO Homes Home funded Grant
DEPARTMENT OR AGENCY NAME	Housing and Community Development

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	North Coast CHDO Homes	9/1/2025 – 8/31/2027	\$500,000.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Recommending a grant in an amount not to exceed \$500,000 to North Coast CHDO Homes for the acquisition and rehabilitation of 3 single family homes for Developmentally Disabled adults				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Acquisition & rehabilitation of single-family homes for disabled adults				

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:	North Coast CHDO Homes 14221 Broadway Ave Cleveland Ohio 44125
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	James Lasher/ CFO
SUBRECIPIENT’S COUNCIL DISTRICT:	11
DOLLAR AMOUNT ALLOCATED:	\$500,000.00

PROJECT COUNCIL DISTRICT:	11
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Cuyahoga County

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

BC2025-578

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002661 JCOP	Carahsoft Technology Corporation	08/21/2025 – 08/20/2026	\$78,683.73	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Carasoft Technology Corporation for SmartSheet Professional Licenses in the amount of \$78,683.73.</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 Department of Information Technology plans to contract with Carasoft Technology Corporation, for SmartSheet Professional Licenses Subscription in the amount of \$78,683.73.</p> <p>Subscription term 08/21/2025 – 08/20/2026.</p> <p>SmartSheet is currently in use by the Department of Information Technology. Smartsheet is a software platform that helps teams and organizations plan, manage, automate, and report on work. It's designed to improve collaboration, decision making, and innovation. Smartsheet's features include:</p>

Task assignment, Project progress tracking, Calendar management, Document sharing, Automation, and Integrations. Smartsheet can help teams: Gain real-time visibility Increase transparency, Improve accountability, identify delays and bottlenecks, Be more productive, Improve communication, Bring teams together, Manage complex projects, Schedule projects quickly

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):
Carahsoft Corporation 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Meagan Phillips Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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. SmartSheet is a Department of Information Technology approved standard used for project management tracking. Carahsoft is able to provide government cooperative pricing under GSA schedule number 47QSWA18D008F which expires August 21, 2028. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date 47QSWA18D008F expires August 21, 2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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 IT100135
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The quote expired and a refreshed copy was requested of the vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	05/14/2025
Date documents were requested from vendor:	05/14/2025 (received quote 06/30/2025, ICF 07/07/2025)
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: over budget error and department approval	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) SmartSheet has not turned off access to the software for the PMO team.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	24003515	Carahsoft Technology Corporation	7/31/2024 – 8/20/2025	\$71,673.54	9/16/2024	BC2024-659

BC2025-579

Title	Surveillance Camera System for the Veterans Service Commission
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003410 FTYR	Integrated Precisions Systems		\$236,348.26	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Integrated Precision Systems, for Surveillance Camera System for the parking lot located at the Veterans Service Commission administrative offices in the amount of \$236,348.26.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This request is for the procurement, installation, and programming of video surveillance equipment and servers, access control equipment, and an intrusion alarm system to be installed at the new administrative offices for the Department of Veterans Services located at 3950 Chester Avenue. This equipment is an extension of existing County security systems</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):

Integrated Precision Systems 8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	Rob Jackson, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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 network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 10018, effective through 01/31/2026. *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 STS # 10018, effective through 01/31/2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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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% PW600120 General Fund – Parking Services 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 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):

BC2025-580

Title	Surveillance Camera System for the Corrections Center Central Booking Area	
Department or Agency Name	Department of Information Technology	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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.
	25003428 STAC	Integrated Precisions Systems		\$91,952.21	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with Integrated Precision Systems, for Surveillance Camera System for the Corrections Center Central Booking Area in the amount of \$91,952.21.
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): This request is for the procurement, installation, and programming of surveillance cameras, video storage and management servers, and monitors to enhance the surveillance equipment currently in the Central Booking area of the Corrections Center. This equipment is an extension of existing County security systems.

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):
Integrated Precision Systems 8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	Rob Jackson, Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT 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: _____	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid process. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is
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	<p>not feasible to have a different vendor supply a network that will support the system maintained by a different vendor. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. STS # 10018, effective through 01/31/2026.</p> <p>*See Justification for additional information.</p>
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 STS # 10018, effective through 01/31/2026. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% FY2022 Byrne Discretionary Funding Grant Program</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PJ280145
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)	

BC2025-581

Title	Cisco Analog Voice Gatewayfor the County Justice Center	
Department or Agency Name	Department of Information Technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003459 JCOP	GovConnection, Inc.		\$16,241.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to contract with GovConnection, Inc. for a Cisco Analog Voice Gateway in the amount of \$16,241.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced:	How will replaced items be disposed of?
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This request is for a second Voice Gateway for the Adult Justice Center. It will be used to convert Analog telephone lines from a telephone provider service to a node on the Enterprise Telephone solution currently in-place by Cuyahoga County, thus reducing cost overhead. GovConnection, Inc. is able to provide Cuyahoga County with joint cooperative contract pricing.</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):
GovConnection, Inc. 732 Milford Road Merrimack, NH 03054	Melissa Cleaver Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>A formal competitive process has been completed through TIPS Interlocal Purchasing system with a joint cooperative award being made to GovConnection, Inc. TIPS is a national purchasing cooperative that provides access to competitively procured contracts for education, government, and non-profit agencies. All vendors awarded through TIPS have undergone a formal competitive bid process. Other options were not evaluated as GovConnection, Inc. is able to provide Cuyahoga County with joint cooperative contract pricing.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date TIPS contract #230105, which expires on May 31, 2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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 type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Capital Improvement Plan IT100600
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input 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)	

BC2025-582

Title	PO25003502JCOP-2025-Procurement of PatchMyPC Software Renewal
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25003502 JCOP	SHI International Corp	12/16/2025 – 12/15/2026	\$14,265.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp, for the procurement of PatchMyPC Software Renewal in the amount of \$14,265.00.</p> <p>PatchMyPC Software is used by the Department of Information Technology to simplify the way the department creates, manages, updates, and deploys third- party applications within Microsoft Configuration Manager.</p> <p>One-Year Subscription 12/16/2025 – 12/15/2026.</p> <p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p> <p>Project Goals, Outcomes or Purpose (list 3): To Renew PatchMyPC Software</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):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. SHI is able to provide Cuyahoga County with governmental pricing through an OMNIA Partners joint cooperative contract. PatchMyPC is currently used by the Department of Information Technology. This request is for a renewal subscription for this software. Contract #2024056-02 expires 7.1.2028. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract #2024056-02 expires 7.1.2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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. IT100150
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.
	PO24003200 JCOP	SHI International Corp.	12/16/2024-12/16/2025	\$14,265.00	8/12/2024	BC2024-586

BC2025-583

Title	PO25003525GOVP- 2025- Procurement of VMWare Cloud Foundation Subscription on behalf of Juvenile Courts
Department or Agency Name	The Department of Information Technology

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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.
	PO25003525 GOVP	The Ohio State University dba OARnet	7/31/2025- 7/30/2026	\$11,052.80	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology on behalf of Juvenile Courts plan to contract with The Ohio State University dba OARnet, for the 7.31.2025- 7.30.2026 for VMWare Cloud Foundation Subscription in the amount of \$11,052.80. VMWare provides the capabilities for the Departments to use and manage virtual machines to support County business applications.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To procure VMWare Cloud Foundation Subscription on behalf of Juvenile Courts

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 Ohio State University dba 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)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	<p>The Department of Information Technology is using the exemption process as the subscription term has already begun. Other options were not evaluated as VMware is a County Department of Information Technology standard. Over 350 Servers running critical Business functions currently run using VMware, making the support of these subscriptions vital.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% 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.

JC100100

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:

Juvenile Court's Note:

The delay in submitting this request is due to an internal oversight. The County Department of Information Technology initially purchased the first year of this subscription and provided the Court with the necessary information to obtain a second-year quote in January 2025. At that time, a staff member was assigned to follow up on the quote and manage the renewal; however, this task was not completed, and the staff member has since departed the Court unexpectedly.

Because this subscription was not part of the Court's standard annual renewal calendar, it was inadvertently overlooked by the Director of IT. Once the quote resurfaced and the oversight was identified, immediate steps were taken to process the renewal. To prevent this from happening again, the subscription has now been added to the Court's annual renewal tracking system.

Timeline

Project/Procurement Start Date (date your team started working on this item):	8.6.2025
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Date documents were requested from vendor:	8.27.2025
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Date of insurance approval from risk manager:	N/A
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Date Department of Law approved Contract:	N/A
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A

If late, have services begun? ☐ No ☒ Yes (if yes, please explain) Subscription is backdated to begin 7/31/2025

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.
	PO24004699 GOVP	The Ohio State	07/31/2024 – 07/30/2025	\$126,516.48	11/18/2024	BC2024-836

		University dba OARnet				
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BC2025-584

Title	Passages Inc. – Non-Support Program Second Amendment
Department or Agency Name	Corrections Planning Board
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 Agreement	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2021 to June 30, 2023	\$90,500.00	12/21/2021	BC2021-750
First Amendment	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2023 to June 30, 2025	\$90,500.00	09/25/2023	BC2023-586
Second Amendment	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2025 to June 30, 2027	\$90,500.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>The vendor Passages Connection Fathers and Sons Inc. (commonly known as Passages, Inc.) will assist the Adult Probation Department by providing assessment and specialized programming (including individual counseling) to address the needs of offenders in meeting their child support obligations. This effort addresses Non-Support Specialized Caseloads by providing an additional option in the continuum of sanctions for offenders. The aim is to reduce the need for incarceration in local jails by delivering an effective sentencing alternative. Passages, Inc. conducts sessions using the Fatherhood Development Curriculum (48 sessions). Parenting issues are addressed as part of the program content. The approach is to adhere to the Father Development Curriculum with gender-specific adaptations and small group methodology using four Master trainer certified program facilitators. It also provides clients with one-on-one case management services from a dedicated program case manager.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

The goal of this project is to ensure offenders are compliant with the terms of their court ordered child support obligations.

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):
Passages Connecting Fathers and Sons Inc. 4600 Carnegie Ave. Cleveland, OH 44103	Dr. Brian Moore, President and CEO
Vendor Council District:	Project Council District:
ALL	ALL
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) - <input type="checkbox"/> Other Procurement Method, please describe:

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is 100% funded through Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. CP285170
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is ongoing to ensure clients undergoing supervision by the Common Pleas Court's Adult Probation Department are served with appropriate court-mandated programming.	
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: Waited for the Ohio Community Corrections Act (CCA) 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	April 1, 2025
Date documents were requested from vendor:	July 11, 2025 (re-request)
Date of insurance approval from risk manager:	August 12, 2025
Date Department of Law approved Contract:	August 26, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Waited for the CCA 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Original Agreement	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2021 to June 30, 2023	\$90,500.00	12/21/2021	BC2021-750
First Amendment	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2023 to June 30, 2025	\$90,500.00	09/25/2023	BC2023-586
Second Amendment	4196	Passages, Connecting Fathers and Sons, Inc.	July 1, 2025 to June 30, 2027	\$90,500.00		

BC2025-585

Title	CM5598 - 2025 Mental Health Services for Homeless Persons Inc. d/b/a Frontline Service for Camp Hope Supplemental
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5598	Mental Health Services for Homeless Persons Inc. dba Frontline Service	July 27, 2025 – 12/31/2025	\$15,400	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The contract is meant to provide funding for expanded services provided by Mental Health Services for Homeless Persons Inc. dba Frontline Service for Camp Hope & Pathways.</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>Fund up to 3 junior counselors for Camp Hope.</p> <p>Fund up to two interns for Pathways.</p> <p>Fund overtime accrued while recruiting campers and staffing Camp.</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):
Mental Health Services for Homeless Persons Inc. dba Frontline Service 1744 Payne Avenue Cleveland, OH 44114	Corrie Taylor CEO
Vendor Council District:	Project Council District:
District 7	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. The contract is being used to supplement funding for 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:
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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% The Cleveland Brown Give Back 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. PJ280165
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. The project is in the process of being completed.	
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 contract was originally intended to be an amendment to an existing contract with MHS. However, due to limitations with Lawson it had to be a stand-alone contract. Also, the budget for this grant was not available in Lawson until 8/13/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	July 15, 2025
Date documents were requested from vendor:	July 31, 2025
Date of insurance approval from risk manager:	July 28, 2025
Date Department of Law approved Contract:	July 25, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Due to Infor not allowing two different types of accounting information this contract had to be processed as a stand-alone instead of an amendment to an existing contract. Also, the money for this contract was not posted in Infor until August 13, 2025.	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services were provided during Camp which took place July 27, 2025 – August 1, 2025	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-586

Title	2025 Revenue Generating Agreement – Southwest General Health Center
Department or Agency Name	Cuyahoga County Job and Family Services

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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	5622	Southwest General Health Center	9/1/2025- 8/31/2026	\$42,527.05	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Provide and employ a sufficient number of CJFS trained workers whose assigned caseloads will consist of Southwest patients applying for Medicaid or needing assistance with their Medicaid benefits.</p> <p>Revenue Generating agreement will be \$42,507.05 for year 1 of 2025 paid on a quarterly basis.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • Caseworkers responsible for determining income eligibility for Southwest patients • Medicaid eligibility shall also be determined by a caseworker for Southwest General Health Center

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):
Southwest General Health Center 18697 Bagley Road Middleburg Heights, Ohio 44130	Kristen Shoup, Executive Director of Revenue Cycle
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
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RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. A revenue generating agreement is being requested because Southwest General Health Center is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete Southwest's Medicaid applications. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating CM5622

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 Southwest General Health Center will pay CJFS for this program.
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Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. No accounting units are used because this is revenue generating
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. New project	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Multiple factors impacted the timely submission of this contract. The vendor was required to seek approval from their corporate counsel before releasing documents to the County, which caused delays in the document collection process. Additionally, the contract was revised to reflect an effective date of 9/1/2025 due to County workers not starting in August 2025. All documents were received on 8/20/2025. DCAP was unable to release the contract in Infor until 8/28/2025 due to technical issues with the Supplier Portal.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Assigned to DCAP 6/12/2025; Assigned to Contract Analyst 6/27/2025
Date documents were requested from vendor:	6/12/2025; 6/30/2025; 7/7/2025; 7/11/2025; 7/31/2025; 8/18/2025
Date of insurance approval from risk manager:	N/A- No Insurance/Revenue Generating Agreement
Date Department of Law approved Contract:	8/22/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Firewall issues at the hospital delayed the vendor's registration into the Supplier Portal. DCAP had to seek further assistance from Paul Bounds and IT. Registration was finally confirmed on 8/27/2025. The vendor number was linked to the supplier number on 8/28/2025. DCAP was unable to enter the contract into Infor until both steps were completed on 8/28/2025.	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A	

HISTORY (see instructions):

BC2025-587

Title	Cuyahoga County Health and Human Services Division of Senior and Adult Services (DSAS) and Families and Children First Council (FCFC); CaseWorthy, Inc, Contract AMND2 for time period effective upon signature - 6/30/2026 for case management services in the amount of \$30,450.00.
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):
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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	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	\$0.00	6/30/2025	BC2025-427
A-2	5070	CaseWorthy, Inc	Effective upon signature – 6/30/2026	\$30,450.00	Pending	Pending

Service/Item Description (include quantity if applicable).

This second amendment expands the scope to include the development and implementation of an Application & Approval Workflow System designed to manage service requests for children and families. It includes features for submitting up to 8 service requests per application, routing requests through a configurable multi-level approval workflow, and logging all actions for audit purposes. Users can edit applications even after approval or denial, triggering a restart of the approval process. The system includes robust notification mechanisms, administrative configuration options, and validation rules. Two SSRS reports—a detailed Outcomes Report and an Application Report—will be developed to support program monitoring and executive review.

Scope Focus / Function:

- Application Form Design: Submit up to 8 service requests per application with child-specific limits.
- Approval Workflow: Multi-level approvals, including rules for high-cost requests and role-based permissions.
- Audit Logging: Track all status changes with timestamps and approver names for transparency.
- Editable Requests: Allow post-submission edits that reset approval workflows and preserve history.
- Email Notifications: Trigger alerts for submission, approvals, and high-cost review requirements.
- Administrative Controls: Configure approvers, roles (e.g., Final Authority), and validation logic.
- SSRS Reporting:
 - Outcomes Report: Tracks client-level outcomes and metrics for active service coordination cases.
 - Application Report: Displays full application details with filters for date and individual selection.
- Exportable Output: All reports and applications are printable and exportable to PDF and Excel.

This second amendment does not extend time. Amendment effective upon signature – 6/30/2026 in the amount of \$30,450.00.
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): <ul style="list-style-type: none"> • Streamline and standardize the service request process. • Ensure transparent and accountable approval workflows. • Enable data driven decision making and program oversight.

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: 8/21/2025
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. 100% HHS Levy funding.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. 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):

C. - Consent Agenda

BC2025-588

TITLE	Department of Purchasing Requesting Approval of Surplus Property to be
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 request approval to sell surplus items (from Department of Public Works) listed on the attached Exhibit "A" via GovDeals auction.
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Scope of Work Summary Department of Purchasing, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E). via GovDeals Inc. The anticipated start-completion dates will be fifteen days after BOC approval.</p> <p>The primary goal of the project is to sell said property via internet auction, to the highest bidder through GovDeals. The auction surplus list (Exhibit "A") is attached.</p> <p>The project is mandated by the Ohio Revised Code, Section 307.12(E).</p> <p>Procurement There is no procurement method for this project. This is a revenue generating project.</p> <p>The items (Exhibit A) will be sold to the highest bidder; 12.5% of the total purchase price will be paid to GovDeals as a Buyer Premium by the Buyer and the department will realize 100% profit of the item sold, in accordance with the GovDeals contract.</p> <p>Project Status and Planning The project reoccurs when County departments have surplus property or seized vehicles no longer needed and recommends selling the property via the internet.</p> <p>The project planning has four (4) phases. Request Executive's approval to list the item on GovDeals; List & Sell to the highest bidder nationwide; Collect payment from GovDeals and transfer asset to Buyer upon confirmation of payment; Deposit the funds into the appropriate County agency fund.</p> <p>Funding</p>

	There is no cost for this process. The project is a revenue generating project.
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EXHIBIT A								
Year	Make	Model	Serial/Vin	Asset #	Condition	Value	Mileage/ hrs	Out of Service Reason
2006	Dodge	Caravan	1D4GP24E06 B723634	OF 3179	Poor	\$500.00	97,587	Severe Rust - Poor Condition
2006	Dodge	Caravan	1D4GP24E76 B723632	OF 3176	Poor	\$500.00	88,941	Severe Rust - Poor Condition
2010	Belle Group	LC3222 Plate Tamper	LC322209528 0	23-0157	Poor	\$25.00	N/A	Replaced - Parts for Tamper No Longer Available
2007	International	7400 Dump Truck	1HTWDAAR2 7J444859	S-418	Poor	\$500.00	80,063	Frame of Truck Cracked - Severe Rust - Budget Replacement
2008	Ford	F-250	1FTNF20588E B85764	OF 5704	Poor	\$500.00	103,281	Bed Supports Rusted Out - Poor Condition
2019	Quality Steel	Dump Trailer	5LEB1DD25K 1197712	S-269	Poor	\$500.00	N/A	Frame of Trailer Cracked - Unrepairable
Unknown	SECA	2999	JAJ-600R	SE-00233	Poor	\$250.00	N/A	Budget Replacement - Parts No Longer Available
2000	USCA	Enclosed Trailer	4PL500E24Y1 043681	S-261	Poor	\$500.00	N/A	Budget Replacement
2015	Freightliner	Jet/Vac	1FHVG5CY5F HGA2483	03-0196	Poor	\$500.00	109,143	\$53,000 Engine needs replaced. Exceeds Value
2019	Dodge	Caravan	2C4RDGBG4K R566718	18-530	Poor	\$250.00	221,609	Poor Condition. Budget Replacement
2015	Ford	F450	1FD9W4GY3F EC82120	S-120	Poor	\$500.00	85,849	Poor Condition. Budget Replacement
	Ranger	DST30P Tire Balancer	16568-002- 005	J2142	Poor	\$250.00	N/a	Tire Balancer - Replaced due to Parts availability
2018	Ford	Explorer	1FM5K8AR8J GC74577	18-50	Poor	\$250.00	95,000	Vehicle Totaled by Accident
Unknown	Pac III	Target Concrete Saw	116037	34-0038	Poor	\$25.00	n/a	Replaced - Parts for Saw No Longer Available

BC2025-589

(See related items for proposed travel/memberships for the week of 9/15/2025 in Section C above).

BC2025-590

(See related items for proposed purchases for the week of 9/15/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Northeast Ohio Workforce Regional Plan
DEPARTMENT OR AGENCY NAME	Development

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
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CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Greater Cleveland Works	7/1/25 – 6/30/29		
Amendment (A)				

STATUS OF PROJECT:	<input checked="" type="checkbox"/> New Agreement <input type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	Approval of Regional and Local Workforce Plan
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Outline Shared Vision
	Coordinate Efforts for Workforce Development
	Establish Strategic Priorities
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Greater Cleveland Works 1910 Carnegie Avenue Cleveland, Ohio 44115
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Laura Chalker Chief Operating Officer
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	Countywide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	N/A
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	N/A

REASON FOR LATE SUBMITTAL

EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	Request received from Greater Cleveland Works on 9/4/25
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	7/1/25 – 6/30/29
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	9/5/2025

Item No. 2

TITLE	Common Pleas Court, Corrections Planning Board, SFY2026 OMHAS TASC Court Grant Application, Acceptance and Expenditure and ADAMHS Board of Cuyahoga County Supplemental Funding *** GRANT ***
DEPARTMENT OR AGENCY NAME	Treatment Alternatives to Street Crime (TASC)

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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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)	SFY2026 OMHAS TASC Grant	07/01/25-06/30/26	\$729005.40	8/19/24	CON2024-78
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Common Pleas Court/Corrections Planning Board TASC is requesting authority to apply for, accept and spend grant funds from Ohio Department of Mental Health and Addictions Services in the amount of				

	<p>\$729,005.40 for a grant that provides funding for salaries and miscellaneous expenses for Supervisors, Administrative Assistant and Assessment Specialists who perform Assessments, Case Management, Individual Counseling, Out Patient and Intensive Out Patient services to clients in the criminal justice system for the period July 1, 2025 through June 30, 2026.</p> <p>The grant application was made available through the State's online Grants Fiscal Management System (GFMS) in June 2025 and was due on July 15, 2025. The award notification was received on August 4, 2025. (attached)</p> <p>Funding Source: Ohio Department of Mental Health and Addiction Services (OMHAS).</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Common Pleas Court/Corrections Planning Board TASC is requesting authority to apply for, accept and spend grant funds from Ohio Department of Mental Health and Addictions Services in the amount of \$729,005.40 for a grant that provides funding for salaries and miscellaneous expenses for Supervisors, Administrative Assistant, and Assessment Specialists who perform Assessments, Case Management Individual Counseling, Out Patient and Intensive Out Patient services to clients in the criminal justice system for the period July 1, 2025 through June 30, 2026. In addition, other support personnel – Fiscal Officer, Billing Specialist and Program Officer III – provide indirect services for the grant such as the application process, client billing and grant reporting.</p> <p>Under this grant, TASC will employ 6.3 FTE Assessment Specialists who will perform Assessments, Case Management, Individual Counseling, Intensive Out Patient and Out Patient services to clients in the criminal justice system for the period July 1, 2025 through June 30, 2026. Support services are provided by Supervisors and the Administrative Assistant and services such as the application process and reporting are provided by the TASC Fiscal Officer, Billing Specialist and Program Officer III.</p>

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:	Cuyahoga County Court of Common Pleas, Corrections Planning Board, 310 West Lakeside Avenue, #500. Cleveland, OH 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Guillermo Torres, Director
SUBRECIPIENT'S COUNCIL DISTRICT:	N/A

DOLLAR AMOUNT ALLOCATED:	\$729,005.40
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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 Mental Health and Addiction Services pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS)
	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	2025-2026 Ryan White HIV/Aids Treatment- Addendum 1-DSAS
DEPARTMENT OR AGENCY NAME	Department of Senior and Adult 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 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 checked="" 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)	Ryan White Part A HIV/Aids	3/1/2025-2/28/2026	\$24,623.00	7/14/2025	CON2025-69
AMENDMENT (A-1)	Ryan White Part A HIV/Aids	3/1/2025-2/28/2026	\$31,213.00	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	Services to be provided include Home and Community-Based Health Services and Home Health Care in connection with FY2019 Ryan White HIV/AIDS Treatment Extension Act Part A program and minority aids initiative. This is an Addendum 1 to previous Agreement. Exhibit A is replaced by Exhibit A-1. Shall not to exceed \$55,836.00.											
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	They will provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS.											
	<table border="1"> <thead> <tr> <th>Core Service Category</th> <th>Award</th> <th>Reimbursement Model</th> </tr> </thead> <tbody> <tr> <td>Home and Community Healthcare</td> <td>\$43,992.00</td> <td>Line Item -Supporting Documentation with every invoice submission</td> </tr> <tr> <td>Home Healthcare</td> <td>\$11,844.00</td> <td>Line Item -Supporting Documentation with every invoice submission</td> </tr> </tbody> </table>			Core Service Category	Award	Reimbursement Model	Home and Community Healthcare	\$43,992.00	Line Item -Supporting Documentation with every invoice submission	Home Healthcare	\$11,844.00	Line Item -Supporting Documentation with every invoice submission
	Core Service Category	Award	Reimbursement Model									
	Home and Community Healthcare	\$43,992.00	Line Item -Supporting Documentation with every invoice submission									
Home Healthcare	\$11,844.00	Line Item -Supporting Documentation with every invoice submission										
Subrecipient Part A Award												
Total:		\$55,836.00										

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	Mr. Roderick Harris, PHD Cuyahoga County Board of Health 5550 Venture Drive, Parma OH 44130
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 4
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	This is being paid by the Cuyahoga County Board of Health
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	<p>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.</p>
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Item No. 4

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 9/15/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT