



**Cuyahoga County Board of Control Agenda
Monday, December 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 – 12/8/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-768

Department of Public Works, submitting an amendment to Contract No. 4323 with Shippers Highway Express, Inc. for shipping, handling, and storage services for the Board of Elections' Caterpillar generator for the period 3/22/2024 – 9/21/2025 to extend the time period to 12/31/2026, and for additional funds in the amount not-to-exceed \$11,500.00, effective upon signatures of all parties.

Funding Source: Capital Projects-General Fund

BC2025-769

Department of Public Works, submitting an amendment to Contract No. 4452 (fka Contract No. 1303) with Palmer Engineering Company for general engineering services for the period 5/19/2021 – 12/31/2025 to extend the time period to 12/31/2026, and for additional funds in the amount not-to-exceed \$50,000.00, effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

BC2025-770

Department of Public Works on behalf of the Department of Health and Human Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Elrawy Real Estate Inc. in the amount not-to-exceed \$12,500.00 for 50 parking spaces located in the parking facility at 2921 Prospect Avenue, Cleveland for the period 11/15/2025 – 11/30/2026.

- b) Recommending an award and enter into a Parking Space License Agreement (via Contract No. 5769) with Elrawy Real Estate Inc. in the amount not-to-exceed \$12,500.00 for 50 parking spaces located in the parking facility at 2921 Prospect Avenue, Cleveland for the period 11/15/2025 – 11/30/2026.

Funding Source: Capital Project - General Fund

BC2025-771

Department of Public Works, submitting a Revenue Generating Agreement (via Agreement No. 5777) with City of Seven Hills in the amount not-to-exceed \$300,000.00 for storm and sanitary sewer system services located in County Sewer District No. 2 for the period 1/1/2026 - 12/31/2026.

Funding Source: Revenue Generating

BC2025-772

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5797) with City of Lakewood in the amount not-to-exceed \$300,000.00 for storm and sanitary sewer system services for the period 1/1/2026 – 12/31/2026

Funding Source: Revenue Generating

BC2025-773

Department of Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to Heinen's, Inc. in the amount not-to-exceed \$50,000.00 in support of a reconfiguration project, including but not limited to construction and/or renovating a restroom in the Heinen's Grocery Store located at 900 Euclid Avenue, Cleveland, effective upon signatures of all parties through 12/31/2026.
- b) Recommending an award and enter into an Incentive Agreement (via Contract No. 5726) with Heinen's, Inc. in the amount not-to-exceed \$50,000.00 in support of a reconfiguration project, including but not limited to construction and/or renovating a restroom in the Heinen's Grocery Store located at 900 Euclid Avenue, Cleveland, effective upon signatures of all parties through 12/31/2026.

Funding Source: Economic Development Fund

BC2025-774

Fiscal Department, recommending an award and enter into Agreement No. 5783 with State of Ohio, Office of the Auditor, Local Government Services in the amount not-to-exceed \$117,000.00 to prepare the Comprehensive Annual Financial Report for Calendar Year 2025 for the period 1/1/2026 – 12/31/2026.

Funding Source: General Fund

BC2025-775

Department of Information Technology, submitting an amendment to Contract No. 3983 with Sterling Data Center dba Bluebridge Networks for lease of space located at 1255 Euclid Avenue, Cleveland, to

house and maintain County-owned fiber and server racks for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2028, to replace insurance requirements, and for additional funds in the amount not-to-exceed \$599,854.25, effective 1/1/2026.

Funding Source: General Fund

BC2025-776

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase for renewal of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2026 – 1/30/2027.
- b) Recommending an award on Purchase Order No. 25004751 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase for renewal of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2026 – 1/30/2027.

Funding Source: General Fund

BC2025-777

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MRK Technologies, Ltd dba Inversion6 in the amount not-to-exceed \$47,911.50 for the purchase of various Abnormal Cloud Security subscription services platforms for the period 12/1/2025 - 3/30/2026.
- b) Recommending an award on Purchase Order No. 25004794 to MRK Technologies, Ltd dba Inversion6 in the amount not-to-exceed \$47,911.50 for the purchase of various Abnormal Cloud Security subscription services platforms for the period 12/1/2025 - 3/30/2026.

Funding Source: General Fund

BC2025-778

Clerk of Courts, recommending an award on Purchase Order No. 25004750 to United States Postal Service in the amount not-to-exceed \$200,000.00 for the purchase of refill postage for the period 12/21/2025 – 1/31/2026, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

BC2025-779

Sheriff's Department, submitting an amendment to a Contract No. 4984 with Versaterm Public Safety US, Inc. for Professional Standards Software Solutions for the period 1/1/2022-12/31/2025 to extend the time period to 12/31/2026, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$29,911.50, effective upon signatures of all parties.

Funding Source: 66.7% General Fund and 33.3% Sheriff Central Security Internal Service Fund

BC2025-780

Medical Examiner's Office, submitting an amendment to Contract No. 2504 with Alere San Diego Inc. dba Immunalysis for purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagent Kits and Tecan EVOware software maintenance for the Toxicology Department for the period 6/28/2022 – 12/27/2025 to extend the time period to 12/26/2026 and for additional funds in the amount not-to-exceed \$90,000.00, effective upon signature of all parties.

Funding Source: General Fund

BC2025-781

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,807.48 for management of the FY2025 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2026 – 3/31/2027.

Funding Source: 75% (\$19,355.61) Ohio Department of Public Safety/Office of Criminal Justice Services and 25% (\$6,451.87) Cash Match – General Fund

BC2025-782

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5117) with Cuyahoga County Board of Developmental Disabilities for reimbursement of staffing services for the DD Medicaid Waiver Program, for the period 1/1/2025-12/31/2025 to extend the time period to 12/31/2026, to change the terms, and for additional anticipated revenue in the amount not-to-exceed \$312,000.00, effective 1/1/2026.

Funding Source: Revenue Generating

BC2025-783

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Manicz Media LLC in the amount not-to-exceed \$60,000.00 for digital advertising and search placement services for awareness and outreach of child abuse and neglect prevention services for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 5779 with Manicz Media LLC in the amount not-to-exceed \$60,000.00 for digital advertising and search placement services for awareness and outreach of child abuse and neglect prevention services for the period 1/1/2026 - 12/31/2027.

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

BC2025-784

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5453) with McGregor Pace for direct

care staff for personal care support services to participants in the All-Inclusive Care for the Elderly (PACE) program for the period 4/1/2025-12/31/2025 to extend the time period to 12/31/2028 and to remove the maximum limit on the total amount payable under the Agreement, effective 1/1/2026.

Funding Source: Revenue Generating

C. – Exemptions

BC2025-785

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process, which will result in various award recommendations to various providers in the total amount not-to-exceed \$40,000.00 for non-emergency client transportation services for the period 1/1/2026 – 12/31/2026:

- a) ABC Taxi in the total amount not-to-exceed \$15,000.00.
- b) Ace Taxi in the total amount not-to-exceed \$25,000.00.

Funding Source: Health and Human Services Levy Fund fully reimbursable Medicaid NET Non-Emergency Transportation Federal

D. – Consent Agenda

BC2025-786

Department of Public Works, submitting an amendment to Contract No. 4336 with Karvo Companies, Inc. for resurfacing of Sheldon Road from Engle Road to Smith Road in the Cities of Brook Park and Middleburg Heights in connection with the 2021-2024 Transportation Improvement Program, for a decrease in the amount of (\$161,874.00); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 76% Federal, 20% Ohio Public Works Commission, 2%, Municipalities and 2% \$5.00 Motor Vehicle License Tax Fund

BC2025-787

Department of Health and Human Services, submitting an amendment to a Grant Agreement (via Contract No. 5038) with Greater Cleveland Food Bank, Inc. to provide funding for a tabletop exercise and to establish a Crisis Recovery Food Response Fund for the period 12/17/2024 – 11/1/2025 to extend the time period to 11/1/2026; no additional funds required.

Funding Source: Health and Human Services Levy Fund

BC2025-788

Department of Purchasing, presenting proposed purchases for the week of 12/15/2025:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25004439	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Compassion Care Group	\$79,050.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004557	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$21,781.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004875	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Alliance Summit Group LLC	\$36,823.04	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004876	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Compassion Care Group	\$76,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004883	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Excel Beyond Limits	\$16,700.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004884	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$67,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004887	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$22,841.26	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works,

- a) Submitting a grant application to Ohio Department of Transportation, Office of Aviation in the total amount not-to-exceed \$420,968.61 for the Taxiways Shifting Phase I (Construction) project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2026 Ohio Airport Improvement Grant Program.
- b) Requesting designation of Michael Dever, M.P.A., Director, Department of Public Works to serve as Applicant's agent to make application, accept and execute the grant award, financial reports and programmatic reports in connection with the FY2026 Ohio Airport Improvement Grant Program.

Funding Source: Ohio Department of Transportation, Office of Aviation FY2026 Ohio Airport Improvement Grant Program and additional project funding includes \$423,603.21 in Airport Capital Improvement Plan funds and \$7,998,351.00 in Federal Aviation Authority grant funds for a total project cost of \$8,842,922.82.

Item No. 2

Department of Public Works,

- a) Submitting a grant application to Ohio Department of Transportation, Office of Aviation in the total amount not-to-exceed \$137,457.64 for the Taxiway B reconstruction project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2026 Ohio Airport Improvement Grant Program.
- b) Requesting designation of Michael Dever, M.P.A., Director, Department of Public Works to serve as Applicant's agent to make application, accept and execute the grant award, financial reports and programmatic reports in connection with the FY2026 Ohio Airport Improvement Grant Program.

Funding Source: Ohio Department of Transportation, Office of Aviation FY2026 Ohio Airport Improvement Grant Program and additional project funding includes \$56,425.25 in Airport Capital Improvement Plan funds and \$2,611,694.00 in Federal Aviation Authority grant funds for a total project cost of \$2,805,576.89

Item No. 3

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$677,582.59 for the Regional Planning Unit Project in connection with the FY2025 STOP Violence Against Women ACT Block Grant for the period 1/1/2026 – 3/31/2027.

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

Item No. 4**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
NA	5439	Point and Pay, LLC	For electronic bill payment services; to add the Board of Elections as a new user department and to update the insurance requirements, effective upon signatures of all parties.	\$0.00	Fiscal Office	9/1/2025-8/31/2027	(Original) General Fund	(Executive) 12/9/2025 (Law) 12/8/2025
8737	5232 (fka 3137)	Emerald Development And Economic Network, Inc	Building rehabilitation in connection with alternative housing and related services and support for COVID recovery	\$0.00	Department of Health and Human Services/ Community Initiatives Division/ Office of Homeless Services	7/1/2022-12/31/2025 to extend the time period to 12/31/2026	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	(Executive) 12/8/2025 (Law) 12/8/2025

Item No. 5

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 11/1/2025 – 11/30/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “12/15/2025 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control

Monday, December 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 11:01 a.m.

Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Mellany Seay, Finance and Operations Administrator, Department of Public Works (Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 12/1/2025

Michael Chambers motioned to approve the minutes from the December 1, 2025, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-760

Fiscal Office, submitting an amendment to Contract No. 3895 with TEC Communications, Inc. for Amazon Cloud Call Center services, licensing, and technical support for customer service hotlines for the Fiscal Office and Treasurer's Office for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2027, to expand the scope of services, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$256,495.00, effective upon signatures of all parties.

Funding Source: 25% Real Estate Assessment Fund, 43% Treasurers Delinquent Tax Fund, and 32% General Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-760 was approved by unanimous vote.

BC2025-761

Department of Information Technology, submitting an amendment to Contract No. 2876 (fka Contract Nos. 951, 268, CE1800466) with Solix Technologies, Inc. for the provision of a Data Lake Repository Tool for the period 11/26/2018 – 11/25/2025 to extend the time period to 11/25/2027, to expand the scope of services and to replace the insurance terms, and for additional funds in the amount not-to-exceed \$429,244.00, effective upon signatures of all parties.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-761 was approved by unanimous vote.

BC2025-762

Department of Information Technology, on behalf of Department of Health and Human Services, submitting an amendment to Contract No. 3960 with TEC Communications, Inc., for (5) Amazon Cloud Call Centers, licensing, and technical support for customer service hotlines for various County agencies for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2026, to expand the scope of services, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$180,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-762 was approved by unanimous vote.

BC2025-763

Sheriff's Department, submitting agreements with various municipalities at a per diem rate of \$234.00 through 12/31/2026 increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$116,000.00 for the period 1/1/2026 – 12/31/2027:

- a) Agreement No. 5763 with Board of Park Commissioners of the Cleveland Metropolitan Park District on behalf of its Police Department in the anticipated amount of \$85,000.00;
- b) Agreement No. 5765 with Village of Bratenahl in the anticipated amount of \$10,000.00;
- c) Agreement No. 5766 with Village of Highland Hills in the anticipated amount of \$11,000.00;
- d) Agreement No. 5767 with Woodmere Village in the anticipated amount of \$10,000.00;

Funding Source: Revenue Generating

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-763 was approved by unanimous vote.

BC2025-764

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood,

- a) Submitting an RFP exemption, which will result in an award recommendation to Child Care Resource Center of Cuyahoga County dba Starting Point in the amount not-to-exceed \$724,403.70 for implementation and management of the Child Care Access and Quality Expansion Program **for** the period 1/1/2026 – 12/31/2026.
- b) Recommending an award and enter into Contract No. 5774 with Child Care Resource Center of Cuyahoga County dba Starting Point in the amount not-to-exceed \$724,403.70 for implementation and management of the Child Care Access and Quality Expansion Program **for** the period 1/1/2026 – 12/31/2026.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-764 was approved by majority vote with Paul Porter abstaining.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-765 through BC2025-767; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-765

Department of Public Works on behalf of the Sanitary Sewer Division, recommending to declare used camera equipment and various parts that have no value as surplus County-owned property no longer needed for public use, recommending to discard these items in accordance with Ohio Revised Code Section 307.12(I).

Funding Source: Not Applicable

BC2025-766

Fiscal Department, presenting proposed membership request for the week of 12/8/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Health and Human Services	Ohio Job and Family Services Directors Association	\$21,765.65	1/1/2026 – 12/31/2026	50% Health & Human Service Levy and 50% Federal and State Reimbursement

Purpose of Membership:

History

Established in 1946, the Ohio Job and Family Services Directors' Association (OJFSDA) is a non-profit statewide organization which represents Ohio's 88 County Departments of Job and Family Services (CDJFS).

What We Do

OJFSDA and its membership work directly with the Ohio Department of Job and Family Services and other state agencies to develop responsive and effective employment, training and human services programming. The organization is an office of professionals who assist the membership with the day-to-day communication and facilitation of their activities in the CDJFS system.

OJFSDA communicates key issues and solutions regarding the delivery of social services, to Ohio policymakers, legislators, and other decision makers. OJFSDA promotes effective relationships and cooperation between the state ODJFS, Boards of County Commissioners, and other stakeholders.

BC2025-767

Department of Purchasing, presenting proposed purchases for the week of 12/8/2025:

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
25004745	(1) JLG Electric Scissor Lift	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$14,800.00	General Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Housing and Community Development, submitting a Deviation on BC2025-698, dated 11/10/2025 authorized by Section 501.06 of the Cuyahoga County Code which approved an Affordable Federal HOME Loan in the amount of \$450,000.00 to Warner and Swasey, LLC, or its' designee, for the adaptive reuse of the former Warner and Swasey Manufacturing Plant, located in the City of Cleveland to change the number of units from (140) to (112) affordable, newly constructed units.

Funding Source: Federal HOME Funds

Item No. 2

Department of Sustainability, submitting a grant award from George Gund Foundation in the total amount of \$150,000.00 in financial support for the Deputy Chief of Staff Climate and Sustainability position in connection with the administration's focus on climate mitigation efforts for the period 11/7/2025 – 12/31/2026.

Funding Source: George Gund Foundation

Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting Addendum No. 2 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 \$55,836.00 to \$70,836.00 and to replace Exhibit A with Exhibit A-1, effective upon signature of all parties, as follows:

- a) Home and Community Health Care from \$43,992.00 to \$55,992.00
- b) Home Health Care from \$11,844.00 to \$14,844.00

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

Item No. 4

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
6211 & 7102	5630	Compassion Care Group LP	Master Contract with various providers for out-of-home placement and foster care services; to add a new provider- Compassion Care Group LP, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	2018	Beech Brook	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	4143	ENA, Inc. dba Necco Center	Master Contract with various providers for out-of-home	\$0.00	Department of Health and Human	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and	(Executive) 12/1/2025

			placement and foster care services; to expand the scope of services, effective 1/1/2025.		Services/ Division of Children and Family Services		35% Title IV-E Reimbursement Fund	(Law) 12/1/2025
6211 & 7102	4186	Lutheran Homes Society, Inc. dba Genacross Family & Youth Services	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022- 3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	4139	National Youth Advocate Program, Inc.	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022- 3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	5087 (fka 2004)	Specialized Alternatives for Families & Youth of OH, Inc.	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022- 3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	2019	The Village Network	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022- 3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
14858	4847	GALLS, LLC	To provide law enforcement uniforms; to expand the scope of services to include Ladies clothing items, effective upon signatures of all parties.	\$0.00	Sheriff's Department	1/1/2025- 12/31/2027	(Original) General Fund	(Executive) 12/2/2025 (Law) 12/2/2025

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
R2025-0223	Rehabilitation of Warrensville Center Road from Maple Heights NCL to Wickfield Avenue in the City of Warrensville Heights, Village of Highland Hills, and the Village of North Randall - Council District 9 Meredith Turner	\$5,700,000.00		70% Federal Funds (\$4,000,000.00) 15% Road and Bridge Fund (\$850,001.00) 10% City of Warrensville Heights (\$550,537.00) 4% Village of North Randall (\$228,955.00) 1% Village of Highland Hills (\$70,507.00)	(Executive) 12/1/2025

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:10 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-768

Title	Public Works - CM4323 Amendment #2-Handling and Storage of Generator for BOE-Shippers Highway Express, Inc.		
Department or Agency Name	Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(A-2)	CM4323	Shippers Highway Express, Inc.	09/22/2025- 12/31/2026	\$11,500.00	PENDING	PENDING
(A-1)	CM4323	Shippers Highway Express, Inc.	03/22/2025- 09/21/2025	\$1,380.00	4/28/2025	BC2025-286
(O)	CM4323	Shippers Highway Express, Inc.	03/22/2024- 03/21/2025	\$3,760.00	04/15/2024	BC2024-2834

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

Public Works is requesting to amend the current contract with Shippers Highway Express, Inc., to extend the contract through 12/31/2026, and add an additional \$11,500.00 for storage, rigging, delivering and installation of a commercial sized generator.

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):

To extend the contract through 12/31/2026 and add funds in the amount of \$11,500.00, allowing additional time to complete the 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). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Shippers Highway Express, Inc. 4965 Neo Parkway Garfield Heights, Ohio 44128	Dylan Buckland, Vice President
Vendor Council District: NA	Project Council District: NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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. Shippers Highway Express, Inc., is the current vendor that is housing the generator. Public Works needs additional time to complete the project where this generator will be housed at. *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:
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Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Capital Projects-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. PW600100 54400 100 CFBDE0000601
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: There were several delays with vendor providing requested information.
Timeline
Project/Procurement Start Date (date your team started working on this item): 7.28.25
Date documents were requested from vendor: 8.27.25
Date of insurance approval from risk manager: 8.25.25
Date Department of Law approved Contract: 12.1.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Continued storage of generator until needed
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2025-769

Title	DPW requesting approval of Amendment 2; Palmer Engineering Company.; RFQ# 4442; Addition of funds and extension of contract end date	
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	1303	Palmer Engineering Company	5/19/2021 – 5/18/2024	\$450,000	06/08/2021	R2021-0137
A-1	4452	Palmer Engineering Company	5/2/2024 – 12/31/2025	\$0	05/13/2024	Approved, Board of Control, Item #7, 5/13/2024
A-2	4452	Palmer Engineering Company	Effective Date – 12/31/2026	\$50,000	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

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):

Department of Public Works requesting approval of a 2nd amendment to the agreement with Palmer Engineering Company for an additional \$50,000 and a time extension to December 31, 2026.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Palmer Engineering Company	Matt Johnson, PE

3745 Medina Road, Suite A, Medina, Ohio 44256	Branch Manager
Vendor Council District:	Project Council District:
N/A	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _4442_____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 03/24/2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 1,800,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / 17 responses were scored and 4 were selected	<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. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Vendors were scored based on qualifications.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	

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. Road & Bridge 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-770

Title	Elrawy Real Estate Inc. parking agreement for 2921 Prospect Avenue parking lot to be used by DSAS staff working at the Hughes Building
Department or Agency Name	Department of Public Works/ Health & Human Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	CM 5769	Elrawy Real Estate Inc.	11/15/2025 – 11/30/2026	\$12,500.00 (\$1,000 per month)	pending	pending
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<p>Service/Item Description (include quantity if applicable). Parking agreement for 2921 Prospect Avenue parking lot.</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 N/A Age of items being replaced: How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): The goal is to provide parking for DSAS working at the Hughes Building. The outcome is to have secure parking for staff. The purpose is to provide parking for DSAS while they are working at the Hughes Building.</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):
Elrawy Real Estate 12550 Lake Ave., Apt 310 Lakewood, OH 44107	Hussein Elrawy
Vendor Council District: 2	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Capital Project/ 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. PW 600100 54400-100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Elrawy Real Estate had worked with the Board of Elections in the past and did not go through the IG registration process. They also had staff changes and needed to go through the IG registration process multiple times.

They also were only able to pay the fee with a check and said the check was mailed but County has not yet received it.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	October 2, 2025
Date documents were requested from vendor:	October 2, 2025
Date of insurance approval from risk manager:	November 12, 2025
Date Department of Law approved Contract:	November 12, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart at top
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BC2025-771

Title	2026 Seven Hills Sewer Maintenance Utility Agreement- revenue generating, \$300,000 (CM 5777)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5777	City of Seven Hills	1/1/2026-12/31/2026	\$300,000	tbd	tbd

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>The primary goal of this Agreement is for sanitary and storm sewer maintenance and for the purpose of retaining the County to perform certain services relative to City's sewers.</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>
Project Goals, Outcomes or Purpose (list 3):

This is an annual direct bill agreement with the City of Seven Hills for sewer maintenance services provided by the Public Works Sanitary Engineering Division and billed quarterly on a direct bill basis to Seven Hills.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
City of Seven Hills 7325 Summitview Drive Seven Hills, Ohio 44131	Jeff Bryda, Service Director
Vendor Council District: 6	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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 – govt to govt
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 ☒ No ☐ Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval	Date:
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☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.

☐ Check if item is ERP related? ☐ No ☐ Yes.

Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

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

Revenue generating- for deposit in Seven Hills sewer district funds

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

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

N/A

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

Provide status of project.

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

Reason:

Timeline

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5039	City of Seven Hills	1/1/2025-12/31/2025	\$300,000	12/16/2024	BC2024-943

BC2025-772

Title	2026 City of Lakewood Sewer Maintenance Agreement, \$300K, rev gen	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5797	City of Lakewood	1/1/2026-12/31/2026	\$300,000	tbd	tbd

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
 This Agreement is for services provided by the County Sanitary Engineering Division for sanitary and storm cleaning, maintenance, and repairs in the City of Lakewood in the revenue generating amount of up to \$300,000 in 2026.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The County will be providing sanitary and storm sewer cleaning, televising, maintenance, and repairs as requested to the City of Lakewood. This is a revenue generating, direct bill agreement.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
City of Lakewood	Chris Gordon

12650 Detroit Rd. Lakewood, Ohio 44107	Public Works Director
Vendor Council District: 2	Project Council District: 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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: revenue generating direct bill agreement

Is Purchase/Services technology related <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	

Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.

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

Revenue Generating – For deposit only- PW715100-52000-SWDMSC17

Is funding for this included in the approved budget? ☐ Yes ☐ No (if “no” please explain): N/A

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

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): This is a new annual agreement

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	5041	Lakewood	1/1/2025-12/31/2025	\$300,000	12/16/2024	BC2024-944

BC2025-773

Title	Department of Development/ HEINEN'S, Inc./Incentive Grant Agreement	
Department or Agency Name	Department of Development	
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.
O	5726	Heinen's, Inc.	Upon Signature – 12/31/2026	\$50,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Development is requesting approval of an Incentive Grant Agreement, per the chart above, with Heinen's, Inc. for the reconfiguration to its 900 Euclid Avenue, Cleveland, Ohio location for the period from the effective date of the last signature (BOC Approval Date) through December 31, 2026. The Grant Award shall not exceed the lesser of Fifty Thousand and 00/100 Dollars (\$50,000.00) or forty percent (40%) of the Project Cost</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 Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>This Incentive Grant is for the financial assistance in connection with the reconfigured downtown anchor grocery store to reduce rental expenses associated with the new lease footprint.</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):
Heinen's, Inc. 4540 Richmond Road Warrensville Heights, OH 44128	Jeff Heinen President, CEO
Vendor Council District: 9	Project Council District: 7

If applicable provide the full address or list the municipality(ies) impacted by the project.	900 Euclid Avenue, Cleveland, OH (Downtown Cleveland)
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Discretionary expenditure, Payment Special Request *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: Payment Special Request

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Department of Development Economic Development 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. DV220110 / 55120 / DEVECD001
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. Renovations/reconfiguration completed, and anchor downtown grocery store remains open.	
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):

BC2025-774

Title	Fiscal Department; State of Ohio, Office of the Auditor, Local Government Services; Contract 1/1/2026-12/31/2026
Department or Agency Name	Fiscal Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5783	State of Ohio, Office of the Auditor, Local	1/1/26-12/31/26	\$117,000.00	Pending	Pending

		Government Services				
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Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

This is a one-year contract from 1/1/26-12/31/26 with the Ohio Auditor of State Local Government Services to assist with the preparation of accrual based financial reports.

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):

Prepare statements in accordance with Generally Accepted Accounting Principles

Prepare statements in accordance with Statement on Standards for Accounting and Review Services

Comply with AICPS's code of Professional conduct

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
State of Ohio, Office of the Auditor Local Government Services 88 East Broad St. 4 th Fl Columbus, Ohio 43215	David Thompson Chief of Local Government Services
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# _____ <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 contract is a government purchase between Cuyahoga County & Ohio Auditor of state- Local Government Services. Prices are lower than using a private agency. *See Justification for additional information.

The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <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"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
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. FS100110

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5037	State of Ohio, Office of the Auditor, Local Government Services	1/1/25-12/31/25	110,500.00	BC2024-946	12/16/24

BC2025-775

Title	CM3983- 2025- Renewal of Sterling Data Center, LLD dba BlueBridge Networks contract, for Space Maintenance of County-Owned Fiber and Racks in the amount
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM3983	Sterling Data Center dba BlueBridge Networks	01/01/2024 – 12/31/2025	\$336,000.00	12/11/2023	BC2023-800
A-1	CM3983	Sterling Data Center dba BlueBridge Networks	01/01/2026- 12/31/2028	\$599,854.25	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

The Department of Information Technology plans to amend contract with Sterling Data Center, LLD dba BlueBridge Networks, for the time period January 1, 2026 –December 31, 2028 for Space Maintenance of County-Owned Fiber and Racks in the amount of \$599,854.25.

Sterling Data Center LLC dba BlueBridge Networks provides data center hosting services which support the County's network infrastructure, internet connectivity, cyber security level hardware/software and server applications. This is a Tier 3 hosting data center which provides a fault-tolerant and managed environment which protects the County from loss of data and network outages. It is also a critical piece to entire business operations and part of our strategic disaster recovery plan.

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):

Renewal of Sterling Data Center, LLD dba BlueBridge Networks contract, for Space Maintenance of County-Owned Fiber and Racks.

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Sterling Data Center LLC dba BlueBridge Networks 1255 Euclid Avenue Cleveland, OH 44115	Kevin Goodman 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# _____ <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 renewal and is being procured via RFP Exemption. As it stands today, no other options are available due to the location of the County's fiber infrastructure, and a competitive process would not be a cost-effective option as it would provide disruption of the entire County network. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date: CTO approval on 11/16/2025

<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.
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. IT100140
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-776

Title	PO25004751FTYR-2025- Procurement of Pluralsight Business Licenses
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.
	PO25004751 FTYR	MNJ Technologies Direct Inc	1/31/2026- 1/30/2027	\$13,644.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

The Department of Information Technology plans to contract with MNJ Technologies Direct, for procurement of Pluralsight Business Licenses for the time period January 31, 2026 – January 30, 2027 in the amount of \$13,644.00.

Pluralsight is an online technology learning platform used to develop and strengthen skills in areas such as software development, cloud computing, cybersecurity, data science, and IT operations.

MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing

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):
Procurement of Pluralsight Business Licenses

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, 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# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. NCPA-01-148 Expires on 11.30.2026 *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 NCPA-01-148 Expires on 11.30.2026
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"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date: 01/16/2025</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 01/16/2025
List date of TAC approval	Date: 01/16/2025	
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? ☒ Yes ☐ No (if "no" please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
IT100110

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25000101 JCOP	MNJ Technologies Direct Inc	1/31/2025-1/30/2026	\$13,644.00	2/10/2025	BC2025-85

BC2025-777

Title	PO25004794FTYR-2025-Procurement of abnormal email security services
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.
	PO25004794 FTYR	Inversion6	12/1/2025 - 3/30/2026	\$47,911.50	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

The Department of Information Technology plans to contract with Inversion6, for the procurement of abnormal email security services in the amount of \$47,911.50.

This procurement is for Abnormal Email Security service to migrate away from Barracuda Email Security. Pricing is for 4 months from 12/1/25 until 3/30/26.

Even though this purchase is an exemption, vendor Inversion6 is quoting price based on cooperative Purchase pricing via Omnia contract R240303

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):
Procurement of abnormal email security services

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Inversion6 31390 Viking Parkway Westlake, OH 44145	Laurie Albaitis 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
RQ# _____ <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.

	<p>Even though this purchase is an exemption, vendor Inversion6 is quoting price based on cooperative purchase pricing via Omnia contract R240303.</p> <p>The current vendor (Barracuda) does not meet performance expectations, and several alternative products were evaluated. This vendor was selected based on its advanced AI capabilities, ease of implementation, and overall cost-effectiveness.</p> <p>*See Justification for additional information.</p>
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"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> List date of TAC approval Date:11.20.2025 CTO approval </div>	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
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. IT100135
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):

BC2025-778

Title	2025 – Clerk of Courts Postage Meter Refill – PO25004750
Department or Agency Name	Clerk of Courts
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO25004750	US Postmaster	12/21/25 – 1/31/26	\$200,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). The Clerk of Courts is requesting funds to replenish USPS postage meter. Postage is used to fulfill statutory duties and ORC mandated mailings.

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): Postage is required annually.

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: United States Postal Service	Owner, executive director, other (specify): n/a
2400 Orange Avenue, Cleveland, Ohio 44101	
Vendor Council District: n/a	Project Council District: n/a
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:	RFP Exemption used as postage is provided by the USPS which is on the Administrative Exempt List. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: This is funded 100% by General Fund.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Currently twice a year or as needed.

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):	n/a
Date documents were requested from vendor:	n/a
Date of insurance approval from risk manager:	n/a

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO25002945	US Postmaster	8/1/25 – 12/31/25	500,000.00	8/11/25	BC2025-512

BC2025-779

Title	CM# 4984 fka 1973, Versaterm extension of time to 12/31/2026 and additional funding in the amount of \$29,911.50
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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	1973/4984	CI TECHNOLOGIES / VERSATERM	1/1/2022-12/31/2024	\$138,100.00	12/18/2021	BC2021-758
A-1	1973/4984	Versaterm Public Safety US, Inc	1/1/22-12/31/25	\$29,325.00	11/18/2024	BC2024-842
A-2	4984	Versaterm Public Safety US, Inc	1/1/2026-12/31/2026	\$29,911.50	Pending	Pending

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>Sheriff's Department is requesting to Amend contract with Versaterm to extend time to 12/31/2026 and additional funds in the amount of \$29,911.50 for Professional Standards Software.</p>
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Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): Add time and funding to current contract for Professional Standards Software.

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). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
VERSATERM PUBLIC SAFETY US, INC. 1 N. MACDONALD, SUITE 500 MESA, AZ 85201	NATALYA GUERIN, ATTORNEY
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# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date: 10/2/2025
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
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.
66.7% General Fund and 33.3 % Sheriff Central Security Internal Service 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.
SH100115 -33.3% - General Fund
SH100140 - 33.4% - General Fund
SH745100 -33.3% - Sheriff Central Security Internal Service Fund
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): see chart above

BC2025-780

Title	2 nd Amendment Contract No. CM#2504 with Alere San Diego, Inc. dba Immunalysis Corporation, effective upon execution for 12 months period, amount not to exceed of \$90,000.00.
Department or Agency Name	Medical Examiner's Office
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#2504	Alere San Diego, Inc. dba Immunalysis Corporation	6/28/2022 – 6/27/2024	\$150,000.00	6/27/2022	BC2022-397
A-1	CM#2504	Alere San Diego, Inc. dba Immunalysis Corporation	6/27/2024 - 12/27/2025	\$130,000.00	8/5/2024	BC2024-574
A-2	CM#2504	Alere San Diego, Inc. dba Immunalysis Corporation	12/27/2025 – 12/26/2026	\$90,000.00	PENDING	PENDNG

<p>Service/Item Description (include quantity if applicable).</p> <p>Purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagents Kits and preventative maintenance, support of Tecan EVO 100 software services.</p>
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Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The ELISA reagent kits are used in every Toxicology case screening. This is the first step in the toxicology testing process to determine what the results show and next steps for further research.

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):
Alere San Diego, Inc. dba Immunalysis Corporation 829 Towne Center Dr Pomona, CA 91767	Christopher Scoggins 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. Original Sole Source contract award; this is a 2 nd amendment. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Original contract was awarded Sole Source on RQ9662 approved 6/27/2022 BC2022-397
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105/ 52250
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: NA	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

BC2025-781

TITLE	Public Safety and Justice Services, 2025, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$19,355.61.
DEPARTMENT OR AGENCY NAME	Cuyahoga County Public Safety and Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	FY25 Violence Against Women Act Grant	1/1/2026 – 3/31/2027	\$19,355.61	11/18/2024	BC2024-845
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Public Safety and Justice Services, 2025, Requesting authority to apply for the STOP Violence Against Woman act (VAWA) Administrative funds in the amount of \$19,355.61</p> <p>The VAWA Administration Grant will consist of the following components:</p> <p>1. Salaries and fringes (calculated at a minimum of 18%) for a Budget Officer and a Program Officer to administer the VAWA Block Grant.</p> <p>Activities will consist of the following:</p>				

	<p>A. Completing all County required fiscal activities related to internal index codes, subobject codes and fiscal processing</p> <p>B. Review and approve for processing of payments for the monthly financial reports submitted by the providers for reimbursement based on allowable expenses under the project</p> <p>C. Reconciliation of budget versus actuals</p> <p>D. Submit budget adjustment request as needed for the VAWA Administrative and Block grants</p> <p>E. Submit financial reports on a quarterly basis and request for the reimbursement of funds expended for the quarter being reported</p> <p>F. Maintain electronic and hard copy of all financial and programmatic files</p> <p>G. Prepare contracts to be submitted to the providers for execution</p> <p>H. Monitors contracts for compliance</p> <p>I. Submits the program reports quarterly for the VAWA Block grant</p> <p>J. Submits program reports quarterly for the VAWA RPU Grant</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>The goal of the funding for the grant is to manage the VAWA Block funding through programmatic oversight and fiscal management of subrecipients.</p> <p>Management of subrecipients monthly reporting and conduction site visits.</p> <p>Preparing monthly and yearly reports to submit to the state.</p>

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety /Office of Criminal Justice Services
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match. The amount of \$6,451.87 is the required match. It will come from the County General Fund.

BC2025-782

Title	HHS Cuyahoga Job and Family Services; Revenue Generating; Cuyahoga County Board of Developmental Disabilities for the time period 1/1/2026-12/31/2026
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5117	Cuyahoga County Board of Developmental Disabilities	1/1/2025-12/31/2025	\$300,000.00	2/3/2025	BC2025-74
A-1	5117	Cuyahoga County Board of Developmental Disabilities	1/1/2026-12/31/2026	\$312,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

Revenue Generating agreement will be extending time and adding funds for 1/1/2026-12/31/2026 in the amount not to exceed \$312,000.00.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): Caseworkers are responsible for determining income eligibility for CCBDD consumers seeking initial enrollment on a DD Medicaid Waiver and ongoing eligibility redeterminations for consumers on a DD Medicaid Waiver. Income eligibility shall also be determined by unit caseworkers for CCBDD consumers who may be enrolling on a waiver within a reasonable period of time or are residents or potential residents of an ICF-IID. This agreement will make the enrollment and re-determination process for CCBDD consumers easier by making CJFS caseworkers more accessible to the clients, their families, and CCBDD staff members.

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). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga County Board of Developmental Disabilities 1275 Lakeside Avenue, East Cleveland, Ohio 44114	Dr. Amber Gibbs, Superintendent and CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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 CCBDD is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete enrollments and redeterminations. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
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 CCBDD will pay CJFS for this program.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. No accounting units are used because this is revenue generating
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-783

Title	2026 Digital Media Advertising
Department or Agency Name	Division of Children Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 5779	Manicz Media, LLC	1/1/2026-12/31/2027	\$60,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>Manicz Media LLC will provide digital ad services specifically for Child Abuse and Neglect Prevention for the Division of Children Family Services.</p> <p>The services will be provided from 1/1/2026 – 12/31/2027.</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)
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): Digital display and video advertising targeting women 25-64 living in select zip codes across Cuyahoga County. Minimum of 260,000 impressions per month for duration of campaign. Display creative and dashboard capabilities included.

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). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Manicz Media, LLC 2300 Bethelview Rd, Suite 110-276 Cumming, GA 30040	Benjamin Raymond – Digital Sales Manager
Vendor Council District:	Project Council District:
N/A	ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __Event #6635_____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/29/2025	Provide a short summary for not using competitive bid process. An Informal RFP process was initially used to locate a vendor to provide these services. The services were a Foster Parent recruitment campaign with the following goals: 1. Digital display and video advertising targeting women 25-64 living in select zip codes across Cuyahoga County 2. Minimum of 260,000 impressions per month for duration of campaign and 3. Display creative and dashboard capabilities included. The focus of the ad campaign changed from Foster Parent recruitment to Child abuse and neglect prevention after the bid was closed however the goals remained the same and vendors indicated that their pricing would remain the same. Manicz Media LLC was the chosen vendor, but it was decided that the most accurate description of this procurement would be an

	<p>exemption not an informal bid award, due to the change in the focus of the ad campaign.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation: \$60,000	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
Vendor was the lowest bidder at \$32,000	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
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. 65% Health and Human Services Levy

35% Title IV-E
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. HS260175 54100 UCH04000
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. In process	
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):

BC2025-784

Title	2025 Revenue Generating Agreement AMND1 – Division of Senior and Adult Services (DSAS); McGregor Pace; Term 1/1/2026 – 12/31/2028.
Department or Agency Name	Division of Senior and Adult Services (DSAS)
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	5453	McGregor Pace	4/1/2025 - 12/31/2025	\$72,600.00	6/30/2025	BC2025-428

A-1	5453	McGregor Pace	1/1/2026-12/31/2028	Unspecified total contractual value at a \$24 hourly rate	Pending	Pending
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Service/Item Description (include quantity if applicable).

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

Revenue Generating agreement AMND1 amount is an unspecified total contractual value at a \$24 hourly rate. For a time-period of 1/1/2026 - 12/31/2028.

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

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

Project Goals, Outcomes or Purpose (list 3):

Support eligible enrollees with personal care support services.

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

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

Vendor Name and address:	Owner, executive director, other (specify):
McGregor Pace 26310 Emery Road Warrensville Hts, OH 44128	Tangi McCoy, Chief Executive Officer
Vendor Council District:	Project Council District:
	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is a revenue-generating agreement where McGregor Pace will pay DSAS for this program.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

No accounting units are used because this is revenue generating	
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	
Provide status of project. Project is currently functioning as intended. This amendment is to continue Home Health Aide services paid to DSAS by McGregor Pace.	
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)	
This is a revenue generating contract based on reimbursement.	
HISTORY (see instructions): see chart above	

C.- Exemptions

BC2025-785

TITLE	Non-Emergency Transportation (NET) Program-ACE and ABC Taxi	
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/ Cuyahoga County Job and	
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement	
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
		BC2020-363
		BC2021-737
		BC2022-802
		BC2023-852
		BC2024-806
DESCRIPTION/ EXPLANATION OF REQUEST:	Description of Request: Cuyahoga Job and Family Services has a contract with Americab to provide transportation services for Medicaid recipients to and from medical appointments under the Non-Emergency Transportation (NET) program.	

	<p>We are requesting an alternate procurement for Ace Taxi and ABC Taxi to serve as additional options for clients who may not want to use Americab. We are requesting approval for the amount not-to-exceed \$15,000.00 for ABC Taxi and \$25,000.00 for ACE Taxi</p> <p>Explanation of Request: While the overwhelming majority of Medicaid recipients utilize Americab for transportation, some clients may prefer not to use this service. To ensure that all recipients have access to reliable transportation to their medical appointments, we are requesting Ace Taxi and ABC Taxi as alternative providers. This will give clients more flexibility and choice, while ensuring we have a backup for service continuity if needed.</p>
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% Health and Human Services Levy Fund fully reimbursable Medicaid NET Non-Emergency Transportation Federal

D. - Consent Agenda

BC2025-786

Title	Sheldon Rd. Resurfacing AMD #2 (FINAL)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	4336	Karvo Companies Inc.	N/A	\$1,047,176.68	05/14/2024	R2024-0164
A-1	4336	Karvo Companies Inc.		\$353,212.41	March 18 th , 2025	BC2025-181
A-2	4336	Karvo Companies Inc.		-\$161,874.00	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>Resurfacing existing roadway from Engle Rd. to Smith Rd. in the cities of Brook Park and Middleburgh Hts.</p> <p>This final amendment contains numerous increases and decreases (mostly decreases) required to complete the scope of the project. There were seven new items that were required to address issues encountered on the project that were not foreseen in the plans. The overall result is a decrease of \$161,874.00.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>See Above Service Description</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Karvo Companies ,Inc. 4524 Hudson Dr, Stow, Ohio 44224	Donald Wortkoetter- Vice President
Vendor Council District: N/A	Project Council District: 2 & 4
If applicable provide the full address or list the municipality(ies) impacted by the project.	Brookpark & Middleburgh Hts, OH

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# __14071__ (Insert RQ# for formal/informal items, as applicable)</p> <p><input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: \$1,047,176.68</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) 11/7</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): (7%)DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, please explain.</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Low Bidder not DEI compliant recommended vendor matched the lowest bid	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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. Funding Source :Federal Funding 76%, OPWC Funding 20%, Muni Funding 2%, County R&B \$5.00 Fund 2%
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. PW605100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

See Chart Above

BC2025-787

Title	Amendment 1: Crisis Recovery Food Response Project with the Greater Cleveland Food Bank, Inc.
Department or Agency Name	DEPARTMENT OF HEALTH AND HUMAN SERVICES
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5038	Greater Cleveland Food Bank, Inc.	12/17/2024 – November 1, 2025	\$45,000.00	12/16/2024	BC2024-956
A1	5038	Greater Cleveland Food Bank, Inc.	11/2/2025- 11/1/2026	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable).

As a result of the August 6, 2024 tornado, Cuyahoga County Department of Health and Human Services (DHHS) and the Department of Justice Services - Cuyahoga County Emergency Management Agency (EMA) have begun exploring allocation of local resources to a reserve fund that can be drawn on to respond to natural disasters and national emergencies.

Cuyahoga County Department of Health and Human Services plans to amend Contract No. 5038 with Greater Cleveland Food Bank to extend time period from 12/17/2024-11/1/2025 through 11/1/2026 for the Crisis Recovery Food Response Fund at no additional cost.

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):

Kick-off and Table-top Exercise: simulate an emergency response.

Partnership Map to Address Major Event Food Insecurity: faster, localized response systems.
 Emergency Response Fund: fund to draw up on in case of emergency.
 Ongoing Assessment: Evaluations, of comms, decision-making, data collection and preparedness measures.

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

Vendor Name and address:	Owner, executive director, other (specify):
Greater Cleveland Food Bank, Inc. 13815 Coit Road Cleveland, OH 44110	Kristen Warzocha, President and CEO
Vendor Council District: 10	Project Council District: County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

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 Food Bank's mission is to ensure that everyone in Greater Cleveland has the nutritious food they need every day; and DHHS intends to continue fostering a partnership with the Greater Cleveland Foodbank, Inc. to organize a planning effort that convenes organizations that address the food insecurity at the community level. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. n/a
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. Project has expended \$45,000.00 of funding. This is a no-cost extension.	
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: Vendor requested a no additional cost extension late October and discussions continued regarding what amendment changes were needed thereafter.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/24/2025
Date documents were requested from vendor:	10/27/2025
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	11/14/2025
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) There exists a demonstrated community necessity for the services provided by the vendor in facilitating a crisis recovery food response and conducting a table-top exercise. The continuity of these services is essential and cannot be interrupted.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

BC2025-788

(See related items for proposed purchases for the week of 12/15/2025 in Section D above).

V – OTHER BUSINESS**Item of Note (non-voted)****Item No. 1**

TITLE	2025 Public Works requests approval to Apply, Accept, and Signature of ODOT, Office of Aviation, Ohio Airport Improvement Program Grant contract for the Shift Taxiway A (2,200' x 35'); Shift Taxiway A3 (263' X 35') (Future Taxiway B1) including Medium-Intensity Taxiway Edge Lighting (MITL) LED and Signage Phase I (Construction) at the Cuyahoga County Airport.
DEPARTMENT OR AGENCY NAME	Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	ODOT Project number 39-25	N/A	Project cost: \$8,842,922.82 County share: \$423,603.21	pending	pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant contributes \$420,968.61 in ODOT funds for the Shift Taxiway A (2,200' x 35'); Shift Taxiway A3 (263' X 35') (Future Taxiway B1) including Medium-Intensity Taxiway Edge Lighting (MITL) LED and Signage Phase I (Construction) Construction at the Cuyahoga County Airport, with the				

	County only needing to contribute \$423,603.21. The Federal Aviation Administration's share is \$7,998,351.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Approval to apply, accept, and get signatures on grants.
	Take advantage of ODOT Office of Aviation funding.
	Continue fulfilling the ongoing County Airport Improvements Plan.

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

PROJECT COUNCIL DISTRICT:	11
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Department of Public Works – Airport Capital Improvement Plan budget
	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.
	\$423,603.21 - 100% - Department of Public Works – Airport Capital Improvement Plan budget

Item No. 2

TITLE	2025 Public Works requests approval to Apply, Accept, ODOT, Office of Aviation, Ohio Airport Improvement Program Grant for Reconstruct Taxilane B (35' x 789') Construction at the Cuyahoga County Airport.
DEPARTMENT OR AGENCY NAME	Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	ODOT Project number 38-25	N/A	Project cost: \$2,805,576.89 County share: \$56,425.25	pending	pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant contributes \$137,457.64 in ODOT funds for Reconstruct Taxilane B (35' x 789') Construction at the Cuyahoga County Airport, with the County only needing to contribute \$56,425.25. The Federal Aviation Administration's share is \$2,611,694.00.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Approval to apply, accept, and get signatures on grants.				
	Take advantage of ODOT Office of Aviation funding.				
	Continue fulfilling the ongoing County Airport Improvements Plan.				

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

PROJECT COUNCIL DISTRICT:	11
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Department of Public Works – Airport Capital Improvement Plan budget
	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.
	\$56,425.25 - 100% - Department of Public Works – Airport Capital Improvement Plan budget

Item No. 3

TITLE	Authority to Apply for FY25 Violence Against Women Act (VAWA) Block
DEPARTMENT OR AGENCY NAME	Cuyahoga County Public Safety and Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input 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)	FY25 Violence Against Women Act Grant	1/1/2026 – 3/31/2027	\$677,582.59	5/19/2025	CON2025-51
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The VAWA Grant creates and supports comprehensive, cost-effective responses to domestic violence, sexual assault, dating violence and stalking. It builds on existing protections and programs to better meet survivors' needs.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The goal of the funding for the grant is to allocate funding to the projects selected by the VAWA Allocation Committee.
	The subgrant programs emphasizes coordinated community approaches to reduce violence against women and others to create mutually respectful partnerships between the justice system and victim services.
	Aims to dramatically improve federal, tribal, state and local responses the domestic violence crime.

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

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

Item No. 4

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 12/15/2025 in Section V. above).

Item No. 5

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 11/1/2025 – 11/30/2025 in Section V. above).

VI – PUBLIC COMMENT**VII – ADJOURNMENT**