

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	Vendor	Service	Amount	Department	Date(s) of	Funding Source	Date of
	Number		Description			Service		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)

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 diam 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:

<u>Direct Open Market Purchases</u> (Purchases between \$10,000.01 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

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

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			placement and foster		Services/		35% Title IV-E	(Law)
			care services; to		Division of		Reimbursement	12/1/2025
			expand the scope of		Children and		Fund	
			services, effective		Family			
			1/1/2025.		Services			
6211 &	4186	Lutheran	Master Contract with	\$0.00	Department	1/1/2022-	65% Health and	(Executive)
7102		Homes	various providers for		of Health	3/31/2026	Human Services	12/1/2025
		Society, Inc.	out-of-home		and Human		Levy Fund and	(Law)
		dba	placement and foster		Services/		35% Title IV-E	12/1/2025
		Genacross	care services; to		Division of		Reimbursement	
		Family &	expand the scope of		Children and		Fund	
		Youth	services, effective		Family			
		Services	1/1/2025.		Services			
6211 &	4139	National	Master Contract with	\$0.00	Department	1/1/2022-	65% Health and	(Executive)
7102		Youth	various providers for		of Health	3/31/2026	Human Services	12/1/2025
		Advocate	out-of-home		and Human		Levy Fund and	(Law)
		Program,	placement and foster		Services/		35% Title IV-E	12/1/2025
		Inc.	care services; to		Division of		Reimbursement	, ,
			expand the scope of		Children and		Fund	
			services, effective		Family			
			1/1/2025.		Services			
6211 &	5087 (fka	Specialized	Master Contract with	\$0.00	Department	1/1/2022-	65% Health and	(Executive)
7102	2004)	Alternatives	various providers for	·	of Health	3/31/2026	Human Services	12/1/2025
	,	for Families	out-of-home		and Human		Levy Fund and	(Law)
		& Youth of	placement and foster		Services/		35% Title IV-E	12/1/2025
		OH, Inc.	care services; to		Division of		Reimbursement	, ,
		,	expand the scope of		Children and		Fund	
			services, effective		Family			
			1/1/2025.		Services			
6211 &	2019	The Village	Master Contract with	\$0.00	Department	1/1/2022-	65% Health and	(Executive)
7102		Network	various providers for	·	of Health	3/31/2026	Human Services	12/1/2025
			out-of-home		and Human		Levy Fund and	(Law)
			placement and foster		Services/		35% Title IV-E	12/1/2025
			care services; to		Division of		Reimbursement	, ,
			expand the scope of		Children and		Fund	
			services, effective		Family			
			1/1/2025.		Services			
14858	4847	GALLS, LLC	To provide law	\$0.00	Sheriff's	1/1/2025-	(Original)	(Executive)
,	· · · · · ·		enforcement	7	Department	12/31/2027	General Fund	12/2/2025
			uniforms; to expand					(Law)
			the scope of services					12/2/2025
			to include Ladies					, _, _, _,
			clothing items,					
			effective upon					
			signatures of all					
			parties.					
		1	parties.	I		1	I .	

Various Agreements – Processed and executed (no vote required)

Approving	Public convenience and welfare	Total Estimated	Total Actual	Funding Source	Date of
Resolution	project description	Project Cost	Project Cost		Execution
R2025-0223	Rehabilitation of Warrensville	\$5,700,000.00		70% Federal Funds (\$4,000,000.00)	(Executive)
	Center Road from Maple			15% Road and Bridge Fund	12/1/2025
	Heights NCL to Wickfield			(\$850,001.00)	
	Avenue in the City of			10% City of Warrensville Heights	
	Warrensville Heights, Village of			(\$550,537.00)	
	Highland Hills, and the Village			4% Village of North Randall	
	of North Randall - Council			(\$228,955.00)	
	District 9 Meredith Turner			1% Village of Highland Hills	
				(\$70,507.00)	

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	Title Public Works - CM4323 Amendment #2-Handling and Storage of Generator for BOE-Shippers Highway Express, Inc.							
Depart		r Agency Nam	ne	Depart	ment of Public W	/orks		
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Reven Generating ☐ Purchase Order ☐ Other (please specify):] Revenue			
Origina Amena (A-#)	dment	Contract No. (If PO, list PO#)	Vendor Name		Time Period	Amount	Date BOC/Council Approved	Approval No.
(A-2	2)	CM4323	Shipp Highv Expre		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	Shipp Highv Expre		03/22/2024- 03/21/2025	\$3,760.00	04/15/2024	BC2024-2834
to the change Public contra	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.							
						vice/purchase □ n section above)	Replacement for a	an existing
		of furniture, eing replaced				nal □ Replacem d items be dispos		
To exte	end the	Outcomes or contract thro	ugh 12			n the amount of ς	\$11,500.00, allowi	ing additional

In the boxes below, list Vendor/Contractor, etc. Nan	ne, Street Address, City, State and Zip Code. Beside each
vendor/contractor, etc. provide owner, executive direct	ctor, other (specify). If there are multiple vendors copy this
table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
China and High and Engage Land	D. Lee D. eller el Vier Dereile el
Shippers Highway Express, Inc.	Dylan Buckland, Vice President
4965 Neo Parkway Garfield Heights, Ohio 44128	
Vendor Council District: NA	Project Council District: NA
vendor council bistrict. Twi	Troject Council District. 10/1
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ#	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
☐ Informal	Shippers Highway Express, Inc., is the current vendor
☐ Formal Closing Date:	that is housing the generator. Public Works needs additional time to complete the project where this
	generator will be housed at.
	generator will be noused at.
	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? Yes	from posting ().
☐ No, please explain.	
If you have the according to the Administration	
If no, has this gone to the Administrative	
Reconsideration Panel? If so, what was the outcome?	
outcome:	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
□ No, please explain:	
-> 1-1-2-2-21-1-1-1-1-1-1-1-1-1-1-1-1-	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)

	☐ Other Procurement Method, please describe:					
Is Purchase/Services technology related ⊠ No □ below.	Yes If yes, list date of TAC approval and answer the questions					
List date of TAC approval Date:						
☐ Check if item on IT Standard List of approved p☐ Check if item is ERP related? ☐ No ☐ Yes.	ourchase and provide date of TAC approval.					
Are the purchases compatible with the new ERP s	system? Yes No, please explain.					
FUNDING SOURCE: Please provide the complete,% for each funding source listed.100% Capital Projects-General Fund	, proper name of each funding source (No acronyms). Include					
Is funding for this included in the approved budge	et? ⊠ Yes □ No (if "no" please explain):					
List all Accounting Unit(s) upon which funds will be PW600100 54400 100 CFBDE0000601	oe drawn and amounts if more than one accounting unit.					
Payment Schedule: ⊠ Invoiced ☐ Monthly ☐ C	Quarterly One-time Other (please explain):					
Provide status of project.						
Is contract/purchase late ☐ No ☒ Yes, In the fiel	ds below provide reason for late and timeline of late submission					
Reason: There were several delays with vendor p	roviding 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? ☐ No ☒ Yes (if yes	s, please explain) Continued storage of generator until needed					
Have payments been made? ⊠ No ☐ Yes (if ye	es, please explain)					
1						
HISTORY (see instructions): see chart above						

BC2025-769

Title						almer	Engineering Con	npany.; RFQ# 4442	; Addition of
Denart		and extension		tract end	a date				
Вериг	Department or Agency Name								
Reques	sted Act	ion		☐ Con	tract \square A	greem	ent 🗆 Lease		Revenue
				Genera	ting 🗆 Po	urchas	e Order		
				☐ Oth	er (please s	specify	<u>'):</u>		
Origina	al (O)/	Contract	Vend	nr.	Time Per	iod	Amount	Date	Approval No.
Amend		No. (If PO,	Name		Time rei	iou	Amount	BOC/Council	Approvarito.
(A-#)		list PO#)						Approved	
0		1303	Palme	er	5/19/202	21 –	\$450,000	06/08/2021	R2021-0137
			_	eering	5/18/202	24			
A-1		4452	Comp		5/2/2024	1	\$0	05/13/2024	Annroyed
A-1		4432		eering	12/31/20		ŞU	05/15/2024	Approved, Board of
			Comp	_	12,51,20	,			Control, Item
									#7, 5/13/2024
A-2		4452	Palme		Effective		\$50,000	Pending	Pending
			Engin	eering	- 12/31/	2026			
			Comp	ally					
Service	e/Item D	escription (in	clude c	uantity i	f applicable	e). Wh	en submitting a	n amendment, add	lress any changes
		_						s to the existing sco	ope of services,
change	es to ser	vice rates/co	sts, and	retroact	ive applica	bility	of the changes,	if any.	
Indicat	te wheth	ner·□ New s	ervice/	nurchase	N Fxistir	ng serv	vice/nurchase [Replacement for	an existing
				•		_	section above)	-	arr existing
	-								
For pu	rchases	of furniture,	comput	ers, vehi	cles: \square A	dditior	nal 🗆 Replace	ment	
							d items be dispo		
Project	t Goals,	Outcomes or	Purpos	e (list 3):					
		CD Introduced				2			2-1
-			•					e agreement with leember 31, 2026.	Paimer
Liigiiic	.cring cc	ompany for a	radaiti	oriai 950	,000 ana a	time c	According to Dec	.ember 31, 2020.	
								ty, State and Zip C	
		•			cutive dire	ctor, o	ther (specify). If	there are multiple	vendors copy this
		plete for each and address:	venuo	1.		Own	er. executive di	ector, other (speci	fv):
1 21140							c., checanive an	22.0., 22.10. (Speci	· 11·
Palmer	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	Provide a short summary for not using competitive bid
□ RFB □ RFP ⊠ RFQ	process.
☐ Informal	
☑ Formal Closing Date: 03/24/2021	*See Justification for additional information.
The total value of the solicitation: 1,800,000	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
17 responses were scored and 4 were selected	☐ 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? ☑ Yes ☐ No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	□ Sole Source □ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase
Vendors were scored based on qualifications.	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
N/A	☐ Other Procurement Method, please describe:
	,
Is Purchase/Services technology related $\ \ \ \ \ \ \ \ \ \ \ \ \ $	If yes, list date of TAC approval and answer the questions
	_
List date of TAC approval Date:	
☐ Check if item on IT Standard List of approved purch☐ Check if item is ERP related? ☐ No ☐ Yes.	ase and provide date of TAC approval.

Are th	Are the purchases compatible with the new ERP system? \square Yes \square No, please explain.							
L								
FUNDI	ING SOU	RCE: Please p	rovide	the com	olete, proper na	me of each funding	g source (No acro	onyms). Include
		ding source li						, .
	& Bridge	-						
			n the a	pproved	oudget? ⊠ Yes	☐ No (if "no" plea	ise explain):	
-						nd amounts if more		nting unit.
						☐ One-time ☐ Otl		
Provid	le status	of project.						
Is cont	tract/pur	chase late ⊠	No □	Yes, In th	e fields below p	rovide reason for la	ite and timeline o	of late submission
Reaso	n:							
Timeli	ne							
		ement Start	Date	(date v	our l			
_		orking on thi			,our			
		ts were reque			or:			
		ice approval f						
		ent of Law ap						
						such as the item	hoing disapprove	nd and requiring
correc	-	ies tilat alos	e durii	ig proce	ssing in inior,	such as the item	being disapprove	ed and requiring
If late.	. have se	vices begun?	¹ □ No	☐ Yes	(if yes, please e	kplain)		
					(if yes, please o			
Have	payment	been made.			(ii yes, pieuse (
HISTO	RV (see i	nstructions):	see ch:	art ahove				
111510	111 (300 1	istractions,.	JCC CIT	art above				
BC2025	5-770							
DCLULS	, , , ,							
Title	Elrawy	Real Estate II	nc. parl	king agree	ement for 2921	Prospect Avenue pa	arking lot to be u	sed by DSAS staff
	workin	g at the Hugh	nes Buil	ding			_	•
Depar	tment or	Agency Nam	е	Departr	nent of Public V	Vorks/ Health & Hu	man Services	
'		,		•		·		
Reque	sted Act	ion		⊠ Cont	ract 🗆 Agreer	nent □ Lease ⊠	Amendment ⊠	Revenue
					ting 🗆 Purcha			
_					er (please specif			
					i (bicase specii	y 1·		
Origin	al (O)/	Contract	Vendo	nr	Time Period	Amount	Date	Approval No.
_	dment	No. (If PO,	Name		Time renou	Amount	BOC/Council	Approvariuo.
/A.#		lict DO#)	ivallie				Approved	

О	CM 5769	Elrawy Real Estate Inc.	11/15/2025 11/30/202		\$12,500.00 (\$1,000 per	pending	pending		
					month)				
Service/Item Description (include quantity if applicable). Parking agreement for 2921 Prospect Avenue parking lot.									
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 N/A Age of items being replaced: How will replaced items be disposed of?									
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.									
	In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each								
vendor/contractor, etc. provide owner, executive dire Vendor Name and address:						or, other (specif	y):		
Elrawy Real Es 12550 Lake Av Lakewood, OH	e., Apt 310		Н	Hussein Elrawy					
Vendor Counci	l District: 2		Р	Project Council District: 7					
If applicable provide the full address or list the municipality(ies) impacted by the project.									
COMPETITIVE	DDOCI IDEMEI	NT	l N	ION-CC	OMPETITIVE PRO	CLIDEMENT			
RQ#items, as applic	(Insert cable)	NI RQ# for formal/i	informal P		a short summar	ry for not using c	ompetitive bid		
☐ Informal			P	Parking lot is near the Hughes Building					
☐ Formal	Closing D		*	See Ju	stification for ad	ditional informa	tion.		
The total value			×	☑ Exer	nption				
Number of Sol	icitations (ser	nt/received) /	′ [STS number and	·		
			L li:		ernment Coop (J iber and expirati	oint Purchasing ion date	Program/GSA),		

\$12,500.00

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().							
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?								
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Government Purchase							
	☐ Alternative Procurement Process							
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)							
	☐ Other Procurement Method, please describe:							
Is Purchase/Services technology related $\ \square$ Yes $\ \boxtimes$ No.	If yes, complete section below:							
☐ 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? ☐ No ☐ Yes, answer the belo	ow questions.							
Are the purchases compatible with the new ERP system	m? □ Yes □ No, please explain.							
FUNDING COURCE PLANT SHARE AND ADDRESS OF THE PROPERTY OF THE								
% for each funding source listed.	per name of each funding source (No acronyms). Include							
100% Capital Project/ 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 dra	awn and amounts if more than one accounting unit.							
PW 600100 54400-100								
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):								
Provide status of project.	7							
Provide status of project.								
Is contract/purchase late No 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 als		e only able to	o pay t	he fee w	ith a check a	nd said the ch	neck was	mailed but Co	ounty has not yet
Timeline	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? ☑ No ☐ Yes (if yes, please explain)								
					(if yes, please				
паче ра	ушещ	s been made	: 🛆 N(J 🗆 163	i (ii yes, pieas	е ехріант)			
HISTOR'	Y (see ii	nstructions):	see cha	art at top	1				
BC2025-7									
Title	2026 S	even Hills Sev	wer Ma	intenanc	e Utility Agree	ment- revenu	e genera	ating, \$300,000	(CM 5777)
Departr	nent or	Agency Nam	ie	Public V	Vorks				
Request	ted Acti	ion		□ Con	tract \square Agro	oment \Box le	250 🗆	Amendment ⊠	Povonuo
Request	ica / ici	1011			_		ase 🗆	Amenument 🗠	Revenue
					ting Purcl				
				☐ Othe	er (please spe	city):			
0	(0) (6			T			D.1.	
Original		Contract	Vendo		Time Period	Amount		Date	Approval No.
Amend	ment	No. (If PO,	Name	!				BOC/Council	
(A-#)		list PO#)				4		Approved	
0		5777	City o	f Seven	1/1/2026- 12/31/2026	\$300,000		tbd	tbd
							_		ress 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 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.									
	Indicate whether: ☑ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing								
service/purchase (provide details in Service/Item Description section above)									
For pure	For purchases of furniture, computers, vehicles: Additional Replacement								
Age of i	tems be	eing replaced	<u>: </u>	H	low will repla	ced items be c	disposed	of	
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.

vendor/contractor, etc. provide owner, executive direct	ne, Street Address, City, State and Zip Code. Beside each stor, 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	Jeff Bryda, Service Director
7325 Summitview Drive	
Seven Hills, Ohio 44131	
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#	Provide a short summary for not using competitive bid
□ RFB □ RFP □ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	
	*See Justification for additional information.
The total value of the solicitation:	
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? Yes	from posting ().
☐ No, please explain.	
If no, has this gone to the Administrative	
Reconsideration Panel? If so, what was the	
outcome?	
outcomer	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
□ No, please explain:	Li doverninent ruichase
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ 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:						
\square Check if item on IT Standard List of approved purchase and provide date of TAC approval. \square Check if item is ERP related? \square No \square Yes.						
Are the purchases compatible with the new ERP system? \square Yes \square 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/nurchase late \Box No \Box Ves. In the fields below provide reason for late and timeline of late submission.						
Is contract/purchase late \(\text{No} \) Yes, In the fields below provide reason for late and timeline of late submission Reason:						
Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission Reason:						
Reason:						
Reason: Timeline						
Reason: Timeline Project/Procurement Start Date (date your						
Reason: Timeline Project/Procurement Start Date (date your team started working on this item):						
Reason: Timeline Project/Procurement Start Date (date your						
Reason: Timeline Project/Procurement Start Date (date your team started working on this item): Date documents were requested from vendor:						
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:						
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:						
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						
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:						
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)						

Prior Original	Contract	Vendor	Time Period	Amount	Date	Approval No.
(O) and	No. (If	Name			BOC/Council	
subsequent	PO, list				Approved	
Amendments	PO#)					
(A-#)						
0	5039	City of Seven	1/1/2025-	\$300,000	12/16/2024	BC2024-943
		Hills	12/31/2025			

			111113		12/31/2023				
BC2025-	-772								
Title	2026 C	ity of Lakewo	od Sev	ver Maint	enance Agree	ment, \$300K, rev	/ gen		
Depart	ment or	Agency Nam	ie	Public V	Vorks				
Requested Action				Genera	☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☒ Revenue Generating ☐ Purchase Order ☐ Other (please specify):				
Origina Ameno (A-#)		Contract No. (If PO, list PO#)	Vendo Name		Time Period	Amount	Date BOC/Council Approved	Approval No.	
0		5797	City o Lakev		1/1/2026- 12/31/2026	\$300,000	tbd	tbd	
to the change This Ag cleaning in 2026	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)								
		-	•	-		ional Replaced items be disp			
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.									
		and address:			Ov	vner, executive o	lirector, other (speci	fy):	
City of	Lakewo	od			Ch	ris Gordon			
	<u> </u>			<u> </u>					

12650 Detroit Rd.	Public Works Director
Lakewood, Ohio 44107	
Vendor Council District: 2	Project Council District: 2
If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
	T. 10.1. 00.1.0.
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ#	Provide a short summary for not using competitive bid
☐ RFB ☐ RFP ☐ RFQ	process.
☐ Informal	
☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? ☐ Yes	from posting ().
☐ No, please explain.	
If no, has this gone to the Administrative	
Reconsideration Panel? If so, what was the	
outcome?	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
☐ No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	Contract Amondment (list original prosurement)
Thow did pricing compare among bids received:	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:
	revenue generating direct bill agreement
	Tevenue generating unect bill agreement
Is Purchase/Services technology related \square No \square Ves	If yes, list date of TAC approval and answer the questions
below.	if yes, list date of TAC approval and answer the questions
Scion.	
List date of TAC approval Date:]
поставления при]
☐ Check if item on IT Standard List of approved purch	ase and provide date of TAC approval.
☐ Check if item is ERP related? ☐ No ☐ Yes.	and and provide date of the approval

Are the purchas	es compatib	le with the new	ERP system?	Yes 🗆 No, please e	explain.	
FUNDING SOUR % for each fund	•		olete, proper nai	me of each funding	g source (No acro	onyms). Include
Revenue Genera	ating – For d	eposit only- PW	715100-52000-S	WDMSC17		
Is funding for th	is included i	n the approved I	budget? □ Yes	□ No (if "no" plea	se explain): N/A	
List all Accounti	ng Unit(s) up	oon which funds	will be drawn ar	nd amounts if more	than one accou	nting unit.
Payment Sched	ule: 🗆 Invoi	ced Monthly	☑ Quarterly □	☐ One-time ☐ Oth	ner (please expla	in):
Provide status o	f project					
Frovide status o	n project.					
Is contract/nurc	hase late ⊠	No □ Yes In th	e fields helow nr	ovide reason for la	te and timeline o	of late submission
Reason:	nase rate 🔤	140 <u>— 163, III till</u>	e neius seiow pi	ovide reason for id	te and timeline e	Trace Submission
Timeline						
Project/Procure team started wo		Date (date y	our			
	_	ested from vend	or:			
		from risk manag				
		proved Contract				
•				uch as the item b	peing disapprove	ed and requiring
correction:						
If late, have serv	ices begun?	O □ No □ Yes	(if ves. please ex	plain)		
		P □ No □ Yes				
nave payments	been made.	110 _ 103	(ii yes, pieuse e.	хріанту		
HISTORY (see in	structions):	This is a new an	nual agreement			
Discount 1	C	Maria da	T B		D.1.	A
Prior Original	Contract	Vendor	Time Period	Amount	Date	Approval No.
(O) and	No. (If	Name			BOC/Council Approved	
subsequent Amendments	PO, list PO#)				Approved	
(A-#)	1°O#)					
0	5041	Lakewood	1/1/2025-	\$300,000	12/16/2024	BC2024-944
			12/31/2025	,	, -,	

BC2025-773

Title Depar	Title Department of Development/ HEINEN'S, Inc./Incentive Grant Agreement							
Department or Agency Name Department			nent of Development					
Requested Action			Genera	☐ Contract ☒ Agreement ☐ Lease ☐ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):				
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name		Time Period	Amount	Date BOC/Council Approved	Approval No.	
0	5726	Heine	n's, Inc.	Upon Signature – 12/31/2026	\$50,000.00	Pending	Pending	
The Departme with Heinen's the effective of not exceed the	Service/Item Description (include quantity if applicable). 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							
Indicate whet service/purch	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 Age of items b		-			onal Replace ed items be dispo			
Project Goals,				'	•			
					ction with the rec e new lease footp	onfigured downtownint.	wn anchor	
	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:				Ow	ner, executive dir	ector, other (speci	fy):	
Heinen's, Inc. 4540 Richmond Road Warrensville Heights, OH 44128				Jeff Heinen President, CEO				
Vendor Counc	il District: 9			Pro	ject Council Distri	ct: 7		

If applicable provide the full address or list the	900 Euclid Avenue, Cleveland, OH (Downtown			
municipality(ies) impacted by the project.	Cleveland)			
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT			
RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid			
items, as applicable)	process.			
☐ RFB ☐ RFP ☐ RFQ				
□ Informal	Discretionary expenditure, Payment Special Request			
☐ Formal Closing Date:	*See Justification for additional information.			
The total value of the solicitation:	☐ Exemption			
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date			
	☐ Government Coop (Joint Purchasing Program/GSA),			
	list number and expiration date			
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department			
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received			
vendor per DEI tab sheet review? ☐ Yes	from posting ().			

	☑ Other Procurement Method, please describe:					
	Payment Special Request					
Is Purchase/Services technology related ☐ Yes ☒ No.	If yes, complete section below:					
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC					
purchase.	approval:					
Is the item ERP related? \square No \square Yes, answer the below	ow questions.					
Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain.						

☐ Government Purchase

☐ Alternative Procurement Process

☐ Contract Amendment - (list original procurement)

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

☐ No, please explain.

☐ No, please explain:

outcome?

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the

Recommended Vendor was low bidder: ☐ Yes

How did pricing compare among bids received?

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.							nting unit.
DV220110 / 55	5120 / DEVEC	D001					
Payment Scheo	dule: 🗆 Invo	iced 🗆	Monthly	☐ Quarterly 🗵	☑ One-time ☐ Oth	ner (please expla	in):
Drovido status	of project						
Provide status Renovations/re		n comp	leted, an	d anchor downto	own grocery store r	remains open.	
Is contract/pur	chase late 🗵	No □	Yes, In th	e fields below pr	ovide reason for la	te and timeline o	of late submission
Reason:							
Timeline							
Project/Procur team started w				/our			
Date documen							
Date of insurar							
Date Departme		•		L			
correction:	ues that aros	se durii	ng proce	ssing in Infor, s	such as the item b	being disapprove	ed and requiring
-	ruises begun)	□ Vos	/if yes please ev	اماماما		
				(if yes, please ex			
Have payment	s been made	! □ IN(res	s (if yes, please ex	хріаіп)		
LUCTORY (
HISTORY (see i	nstructions):						
BC2025-774							
Title Fiscal I 12/31/	•	State of	Ohio, Of	ffice of the Audit	or, Local Governme	ent Services; Cor	tract 1/1/2026-
Department or Agency Name Fiscal Office							
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue ☐ Generating ☐ Purchase Order ☐ Other (please specify):							
Original (O)/ Amendment (A-#)							Approval No.
	5783	State	of	1/1/26-	\$117,000.00	Approved Pending	Pending
O							

		Government					
		Services					
				en submitting an a			
-	_			of funds, changes to	_	pe of services,	
changes to ser	vice rates/cos	sts, and retroact	ive applicability	of the changes, if a	ny.		
This is a one w	aar contract f	rom 1/1/26 12/	21/26 with the C	hio Auditor of Ctat	a Lacal Cayaram	ant Convices to	
•			financial reports	hio Auditor of State	e Local Governii	ient services to	
assist with the	preparation	or accidal based	illialiciai report.) .			
Indicate wheth	er:□ New s	ervice/nurchase	⊠ Evisting serv	vice/purchase □ Re	enlacement for a	n evisting	
		• •	-	n section above)	epiacement for t	iii caistiiig	
	.se (p. 57.ac a		, item Besonptio	r section above,			
•		•		nal 🗆 Replaceme			
Age of items be	<u> </u>		· · · · · · · · · · · · · · · · · · ·	d items be disposed	d of		
•		Purpose (list 3):		A	l		
•				Accounting Principl ards for Accounting		n de ce	
•		f Professional co		ards for Accounting	g and Review Ser	vices	
Comply with A	icr3 s code o	i Fiolessional co	muuct				
In the boxes b	elow, list Ve	ndor/Contracto	r, etc. Name, Sti	eet Address, City,	State and Zip C	ode. Beside each	
				ther (specify). If the	-		
table and comp	•			., ,,	•	. ,	
Vendor Name	and address:		Own	er, executive direct	tor, other (specif	y):	
State of Ohio,	Office of the A	Auditor	Davi	d Thompson			
Local Governm			Chie	f of Local Governme	ent Services		
88 East Broad S							
Columbus, Ohi							
Vendor Counci	l District:		Proje	ect Council District:			
		full address or	list the				
municipality(ie	s) impacted b	y the project.					
COMPETITIVE		\IT	NON	COMPETITIVE DDC	CLIDENAENIT		
COMPETITIVE PROCUREMENT NON-COMPETITIVE PROCUREMENT Provide a short suppress for not using compactitive bit							
	RQ# Provide a short summary for not using competitive bid						
□ RFB □ RF	r ⊔ KFQ		proc	css.			
☐ Informal	. .		This	contract is a govern	nment nurchase	hetween	
☐ Formal Closing Date: This contract is a government purchase between Cuyahoga County & Ohio Auditor of state- Local							
				ernment Services. P			
				ite agency.	are lower t	and doming d	
private agency.							
			*See	Justification for ad	lditional informa	tion.	

The total value of the solicitation:	☐ Exemption					
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date					
	☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().					
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?						
Recommended Vendor was low bidder:	☑ Government Purchase					
	☐ Alternative Procurement Process					
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)					
	☐ Other Procurement Method, please describe:					
Is Burchase/Services technology related X No 7 Ves	If yes, list date of TAC approval and answer the questions					
below.	in yes, list date of TAC approval and answer the questions					
List date of TAC approval Date:]					
☐ Check if item on IT Standard List of approved purch☐ Check if item is ERP related? ☐ No ☐ Yes.	ase and provide date of TAC approval.					
Are the purchases compatible with the new ERP syste	m? □ Yes □ No, please explain.					
FLINDING SOLIRCE: Please provide the complete prov	per name of each funding source (No acronyms). Include					
% for each funding source listed.	per name of each randing source (no acronyms). Include					
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 dr	awn 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/pur	chase late 🗆	No □ Yes, I	n the fields belov	w provide reason fo	or late and timeline	of late submission
Reason:						
Timeline						
Project/Procure	ement Start	t Date (dat	e your			
team started w						
Date document						
Date of insuran						
Date Departme		•				
Detail any issu correction:	ies that aro	se during pr	ocessing in Info	r, such as the ite	m being disapprov	ed and requiring
If late, have ser	vices begun	? 🗆 No 🗆 \	Yes (if yes, please	e explain)		
Have payments	s been made	? □ No □	Yes (if yes, pleas	se explain)		
HISTORY (see in	nstructions):					
Prior Original	Contract	Vendor	Time Period	d Amount	Date	Approval No.
(O) and	No. (If	Name			BOC/Council	
subsequent	PO, list				Approved	
Amendments	PO#)					
(A-#)			1/1/0=	110 = 00 00		10/10/01
0	5037	State of	1/1/25-	110,500.00	BC2024-946	12/16/24
		Ohio, Office	e 12/31/25			
		of the				
		Auditor, Local				
		Governmer	nt l			
		Services				
D.63035 775		Jei vices				
BC2025-775						
			ing Data Center, Fiber and Racks		e Networks contrac	t, for Space
Department or Agency Name The Department of Information Technology						
Requested Action □ Contract □ Agreement □ Lease ☒ Amendment □ Revenue						

Generating ☐ Purchase Order ☐ Other (please specify):

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

A-1	CIVI3363	Center dba BlueBridge Networks	12/31/2028	\$355,634.23	PENDING	FENDING			
to the time per changes to ser The Departmen BlueBridge Net	riod of the ag vice rates/cos nt of Informa tworks, for th	reement, reduct sts, and retroact tion Technology	ion or addition of the applicability of plans to amend nuary 1, 2026 –[nen submitting an a of funds, changes t of the changes, if a contract with Ster December 31, 2028	o the existing sco iny. ling Data Center,	ppe of services,			
County's network applications. To which protects	ork infrastruc his is a Tier 3 s the County f	ture, internet co hosting data cer	nnectivity, cybe nter which provio and network ou	data center hostin r security level har des a fault-toleran tages. It is also a c	dware/software t and managed e	and server nvironment			
	Indicate whether: ☐ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)								
For purchases Age of items be		•		nal Replacemond items be dispose					
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.									
	ctor, etc. prov	vide owner, exec		eet Address, City, ther (specify). If th					
Vendor Name	and address:		Own	er, executive direc	tor, other (specif	y):			
Sterling Data C 1255 Euclid Av Cleveland, OH	enue	a BlueBridge Net		n Goodman unt Representativ	e				
Vendor Counci	l District:		Proje	ect Council District	:				

If applicable provide the full address or list the	
municipality(ies) impacted by the project.	
COMPETITIVE PROCLUREMENT	NON COMPETITIVE PROCUREMENT
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# □ RFB □ RFP □ RFQ	Provide a short summary for not using competitive bid process.
	This is a renewal and is being procured via RFP
☐ Informal ☐ Closing Date:	Exemption. As it stands today, no other options are
Closing Date.	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:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
Trainisci di Sonotationis (senty received)	State contract, list 313 humber and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
	list number and expiration date
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? Yes	from posting ().
☐ No, please explain.	
If no, has this gone to the Administrative	
Reconsideration Panel? If so, what was the	
outcome?	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
☐ No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	
	Exemption
	☐ Other Procurement Method, please describe:
,	If yes, list date of TAC approval and answer the questions
below.	
List date of TAC approval Date: CTO approval	
on 11/16/2025	
	1

☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.			
☐ Check if item is ERP related? ☑	· · · · · · · · · · · · · · · · · · ·		
Are the purchases compatible wi	th the new ERP system? ☐ Yes ☐ No, please explain.		
FUNDING SOURCE: Please provide	de 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):		
	which funds will be drawn and amounts if more than one accounting unit.		
IT100140			
	☐ 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			
	to (data vising		
Project/Procurement Start Dat team started working on this iter			
Date documents were requested			
·			
Date of insurance approval from Date Department of Law approve			
correction:	iring processing in Infor, such as the item being disapproved and requiring		
	Use □ Vas (if yes, please explain)		
	No		
Have payments been made?	No Yes (if yes, please explain)		
LUCTORY (see that a street)	Landa de la constantina della		
HISTORY (see instructions): see chart above			
D.C.2.0.2. 77.C			
BC2025-776			
Title PO25004751FTYR-2025- Procurement of Pluralsight Business Licenses			
Department or Agency Name	The Department of Information Technology		
	<u> </u>		
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue			
	Generating ⊠ Purchase Order		
	☐ Other (please specify):		

Original (O)/	Contract No.	Vendor	Time Period	Amount	Date	Approval No.
Amendment	(If PO, list	Name			BOC/Council	
(A-#)	PO#)				Approved	
	PO25004751	MNJ	1/31/2026-	\$13,644.00	PENDING	PENDING
	FTYR	Technologies	1/30/2027			
		Direct Inc				

to the time period of the agreement, reduction or add changes to service rates/costs, and retroactive applica	ontract with MNJ Technologies Direct, for procurement of
Pluralsight is an online technology learning platform us software development, cloud computing, cybersecurit	
MNJ Technologies Direct is able to provide Cuyahoga (#01-148 pricing	County with Contract Pricing based off NCPA Contract
Indicate whether: ☐ New service/purchase ☐ Existing service/purchase (provide details in Service/Item Description)	
For purchases of furniture, computers, vehicles: Age of items being replaced: How will re Project Goals, Outcomes or Purpose (list 3): Procurement of Pluralsight Business Licenses	dditional Replacement placed items be disposed of
	ne, Street Address, City, State and Zip Code. Beside each ctor, other (specify). If there are multiple vendors copy this
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc. 1025 Busch Parkway Buffalo Grove, IL 60089 Vendor Council District:	Jimmy Lochner, Account manager Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT RQ# RFB	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid process.

☐ 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:	☐ Exemption		
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date		
	☑ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().		
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?			
Recommended Vendor was low bidder:	☐ Government Purchase		
	☐ Alternative Procurement Process		
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)		
	☐ Other Procurement Method, please describe:		
Is Purchase/Services technology related □ No ☒ Yes below.	If yes, list date of TAC approval and answer the questions		
List date of TAC approval Date: 01/16/2025			
☑ 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? \square Yes \square 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 t	his included in t	he approved bu	dget? ⊠ Yes □	No (if "no" plea	ase explain):	
List all Account	ting Unit(s) upor	which funds wi	ll be drawn and	amounts if mor	e than one accou	inting unit.
IT100110						
Payment Sched	dule: 🗵 Invoice	d 🗆 Monthly 🗆	Quarterly 🗆	One-time Ot	her (please expla	nin):
Provide status	of project					
Frovide status	or project.					
Is contract/pur	chase late 🗵 No	o □ Yes, In the f	ields below prov	ride reason for la	ate and timeline	of late submission
Reason:						
Timeline						
	ement Start Down		ır			
	ts were request	•				
	nce approval fro					
	ent of Law appro					
			ng in Infor, suc	h as the item	being disapprov	ed and requiring
correction:						
If late, have se	rvices begun? \Box	No □ Yes (if	yes, please expl	ain)		
Have payment	s been made? [☐ No ☐ Yes (if	yes, please exp	lain)		
HISTORY (soo i	nctructions):					
HISTORY (see i	nstructions).					
Prior Original	Contract No.	Vendor	Time Period	Amount	Date	Approval No.
(O) and	(If PO, list	Name			BOC/Council	''
subsequent	PO#)				Approved	
Amendments						
(A-#)	5005000404		4 /24 /2025	642.644.00	2/40/2025	20005.05
	PO25000101 JCOP	MNJ	1/31/2025- 1/30/2026	\$13,644.00	2/10/2025	BC2025-85
	JCOP	Technologies Direct Inc	1/30/2026			
		Direct inc		1		
BC2025-777						
Title PO250	04794FTYR-202	5-Procurement of	of abnormal ema	ail security servi	ces	
Department or	Agency Name	The Depar	tment of Inform	ation Technolog	ЗУ	
Requested Act	ion	☐ Contrac	ct 🗆 Agreemer	ıt □ Lease □	l Amendment □] Revenue
		Generating	g 🗵 Purchase (Order		
☐ Other (please specify):						

Original (O)/	Contract No.	Vendor	Time Period	Amount	Date	Approval No.
Amendment	(If PO, list	Name			BOC/Council	
(A-#)	PO#)				Approved	
	PO25004794	Inversion6	12/1/2025 -	\$47,911.50	PENDING	PENDING
	FTYR		3/30/2026			

111K				
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 is for 4 months from 12/1/25 until 3/30/26.	ce to migrate away from Barracuda Email Security. Pricing			
Even though this purchase is an exemption, vendor Inv Purchase pricing via Omnia contract R240303	version6 is quoting price based on cooperative			
Indicate whether: ☑ New service/purchase ☐ Existing service/purchase (provide details in Service/Item Description)	· · · · · · · · · · · · · · · · · · ·			
For purchases of furniture, computers, vehicles: Age of items being replaced: How will re	dditional Replacement placed items be disposed of			
Project Goals, Outcomes or Purpose (list 3): Procurement of abnormal email security services				
	ne, Street Address, City, State and Zip Code. Beside each ctor, other (specify). If there are multiple vendors copy this			
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 PROCUPEMENT	NON COMPETITIVE PROCUREMENT			
COMPETITIVE PROCUREMENT RO#	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive hid			
RQ# Provide a short summary for not using competitive bid process. □ Informal				
☐ Formal Closing Date:				

	Even though this purchase is an exemption, vendor		
	Inversion6 is quoting price based on cooperative		
	purchase pricing via Omnia contract R240303.		
	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.		
	*See Justification for additional information.		
The total value of the solicitation:			
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date		
	☐ Government Coop (Joint Purchasing Program/GSA),		
	list number and expiration date		
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department		
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received		
vendor per DEI tab sheet review? ☐ Yes	from posting ().		
☐ No, please explain.			
If no, has this gone to the Administrative			
Reconsideration Panel? If so, what was the			
outcome?			
Recommended Vendor was low bidder: Yes	☐ Government Purchase		
No, please explain:	Government ruichase		
No, piease explain.	☐ Alternative Procurement Process		
	- Alternative Frocurement Frocess		
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)		
	☐ Other Procurement Method, please describe:		
Is Burchaso/Sorvices technology related No X Ves	s If yes, list date of TAC approval and answer the questions		
below.	in yes, list date of TAC approval and answer the questions		
below.			
List date of TAC approval Date:11.20.2025	7		
CTO approval			
[ΕΤΟ αρριοναί	J		
☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.			
☐ Check if item is ERP related? ☒ No ☐ Yes.			
□ CHECK II IteIII IS LIN TEIBLEU: ☑ NO □ 165.			
Are the purchases compatible with the new ERP syste	m? ☐ Yes ☐ 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 app	proved budget? ⊠ Yes □ No (if "no" please explain):	
List all Accounting Unit(s) upon which	h funds will be drawn and amounts if more than one accounting unit.	
IT100135		
Payment Schedule: ⊠ Invoiced □ N	Nonthly □ Quarterly □ One-time □ Other (please explain):	
Provide status of project.		
Is contract/purchase late ⊠ No □ Ye	es, 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		
Date of insurance approval from risk	•	
Date Department of Law approved Condition Detail any issues that arose during correction:	g processing in Infor, such as the item being disapproved and requiring	
	☐ Yes (if yes, please explain)	
If late, have services begun? ☐ No ☐ Yes (if yes, please explain) Have payments been made? ☐ No ☐ Yes (if yes, please explain)		
HISTORY (see instructions):		
morem (see men denome).		
BC2025-778		
Title 2025 – Clerk of Courts Postag	ge Meter Refill – PO25004750	
Department or Agency Name	Clerk of Courts	
Requested Action [☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue	
Generating Purchase Order		
☐ Other (please specify):		

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

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 ☒ Existin	ag service/nurchase			
service/purchase (provide details in Service/Item Desc	•			
service/purchase (provide details in service/item besc	inpulon section above)			
For purchases of furniture, computers, vehicles: A	dditional 🗆 Replacement			
Age of items being replaced: How will re	eplaced items be disposed of?			
Project Goals, Outcomes or Purpose (list 3): Postage is	s required annually.			
	ne, Street Address, City, State and Zip Code. Beside each			
vendor/contractor, etc. provide owner, executive dire				
Vendor Name and address:	Owner, executive director, other (specify): n/a			
United States Postal Service				
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	RFP Exemption used as postage is provided by the USPS			
items, as applicable)	which is on the Administrative Exempt List.			
□ RFB □ RFP □ RFQ	·			
□ Informal				
☐ Formal Closing Date:	*See Justification for additional information.			
The total value of the solicitation:				
Number of Solicitations (sent/received) /	·			
Transcr of Solicitations (Sent/Teceivea)	☐ State Contract, list STS number and expiration date			
	Coverage and Coop (Inject Dynamonics Dreament (CCA)			
☐ Government Coop (Joint Purchasing Program/GSA),				
list number and expiration date				
Participation/Goals (%): () DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department			
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received			
vendor per DEI tab sheet review? ☐ Yes	from posting ().			

☐ No, please explain.	
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☑ Government Purchase
ino, picase explain.	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ⊠	No. If yes, complete section below:
☐ 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? \square No \square Yes, answer the	below questions.
Are the purchases compatible with the new ERP s	·
FUNDING SOURCE: This is funded 100% by Gener	ral Fund.
Is funding for this included in the approved budge	et? ⊠ Yes □ No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be	e drawn and amounts if more than one accounting unit.
Payment Schedule: ☐ Invoiced ☐ Monthly ☐ C	Quarterly One-time Other (please explain): Currently
twice a year or as needed.	durterly is one time is other (preuse explain). Currently
Provide status of project.	
Is contract/purchase late ⊠ No □ Yes. In the field	ds below provide reason for late and timeline of late submission
Reason:	
Timeline	
Project/Procurement Start Date (date your	n/a
team started working on this item):	
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 issu	Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring						
correction:	correction:						
If late, have ser	vices begun? 🗆 1	No 🗆 Yes (if y	es, please ex	plain)			
Have payments	been made? □	No □ Yes (if y	yes, please e	xplain)			
			•				
HISTORY (see in	structions):						
Prior Original	Contract No.	Vendor	Time	Amount	Date	Approval No.	
(O) and	(If PO, list	Name	Period		BOC/Council		
subsequent	PO#)				Approved		
Amendments							
(A-#)	(A-#)						
0	PO25002945	US	8/1/25 –	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				
Depart	ment or Agency Name	Sheriff			
Reque	sted Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):			

Postmaster 12/31/25

Original (O)/	Contract	Vendor Name	Time Period	Amount	Date	Approval No.
Amendment	No. (If PO,				BOC/Council	
(A-#)	list PO#)				Approved	
0	1973/498	CI	1/1/2022-	\$138,100.00	12/18/2021	BC2021-758
	4	TECHNOLOGIES	12/31/2024			
		/ VERSATERM				
A-1	1973/498	Versaterm	1/1/22-	\$29,325.00	11/18/2024	BC2024-842
	4	Public Safety	12/31/25			
		US, Inc				
A-2	4984	Versaterm	1/1/2026-	\$29,911.50	Pending	Pending
		Public Safety	12/31/2026			
		US, Inc				

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.

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.

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): Add time and funding to current contract for Profession	onal Standards Software.				
	ne, Street Address, City, State and Zip Code. Beside each				
•	ctor, other (specify). If there are multiple vendors copy this				
table and complete for each vendor.	Ourse avanting director athor (area:f-).				
Vendor Name and address:	Owner, executive director, other (specify):				
VERSATERM PUBLIC SAFETY US, INC.	NATALYA GUERIN, ATTORNEY				
1 N. MACDONALD, SUITE 500					
MESA, AZ 85201					
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#	Provide a short summary for not using competitive bid				
□ RFB □ RFP □ RFQ	process.				
☐ Informal					
☐ Formal Closing Date:	*See Justification for additional information.				
The total value of the solicitation:	☐ Exemption				
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date				
	Government Coop (Joint Burch - in - Burch -				
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date				
Participation/Goals (%): () DBE () SBE	·				
() MBE () WBE. Were goals met by awarded	☐ Sole Source ☐ Public Notice posted by Department				
vendor per DEI tab sheet review? Yes	of Purchasing. Enter # of additional responses received from posting ().				
·					
☐ No, please explain.					
If no, has this gone to the Administrative					
Reconsideration Panel? If so, what was the					
outcome?					
 -					
	☐ Government Purchase				

Recommended Vendor was low bidder: ☐ Yes ☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)RFP
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related □ No ☒ Yes below.	If yes, list date of TAC approval and answer the questions
List date of TAC approval Date: 10/2/2025]
☐ Check if item on IT Standard List of approved purch	ase and provide date of TAC approval.
\square Check if item is ERP related? \boxtimes No \square Yes.	ана риский америский
Are the purchases compatible with the new ERP syste	m? ☐ Yes ☐ No, please explain.
FUNDING SOURCE: Please provide the complete, pro	per name of each funding source (No acronyms). Include
% for each funding source listed.	
66.7% General Fund and 33.3 % Sheriff Central Securi	ty Internal Service Fund
Is funding for this included in the approved budget?	•
List all Accounting Unit(s) upon which funds will be dr	awn 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 Se	ervice Fund
Payment Schedule: ⊠ Invoiced ☐ Monthly ☐ Quart	erly One-time Other (please explain):
Provide status of project.	
Is contract/purchase late ⊠ No □ Yes. In the fields be	elow 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:	

<u></u>
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring
correction:
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)
Have payments been made? ☐ No ☐ Yes (if yes, please explain)
HISTORY (see instructions): see chart above
BC2025-780

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.				
Depart	Department or Agency Name Medical Examiner's Office				
Requested Action		☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):			

Original (O)/ Amendment	Contract No. (If PO,	Vendor Name	Time Period	Amount	Date BOC/Council	Approval No.
(A-#)	list PO#)				Approved	
0	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

Service/Item Description (include quantity if applicable).

Purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagents Kits and preventative maintenance, support of Tecan EVO 100 software services.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase (provide details in Service/Item Description)	
For purchases of furniture, computers, vehicles: A	dditional Replacement
• • • • • • • • • • • • • • • • • • • •	eplaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The ELISA reagent kits are used in every Toxicology caprocess to determine what the results show and next	ase screening. This is the first step in the toxicology testing steps for further research.
In the boxes below, list Vendor/Contractor, etc. Nan vendor/contractor, etc. provide owner, executive dire	ne, Street Address, City, State and Zip Code. Beside each ector, 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	Provide a short summary for not using competitive bid
items, as applicable)	process.
□ RFB □ RFP □ RFQ	Original Sole Source contract award; this is a 2 nd amendment.
☐ Informal ☐ Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date
Trumber of Solicitations (sent/received)	State Contract, list 313 Humber and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? ☐ Yes ☐ No, please explain.	from posting ().
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
	☐ Government Purchase

	T
Recommended Vendor was low bidder: Yes	
☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)
a trip to get he trip get and and	Original contract was awarded Sole Source on RQ9662
	approved 6/27/2022 BC2022-397
	approved 0/2//2022 BC2022-35/
	College Base and a Marthada alayer day of the
	☐ Other Procurement Method, please describe:
Is Purchase/Services technology related ☐ Yes ☒ No.	If yes, complete section below:
☐ Check if item on IT Standard List of approved	If item is not on IT Standard List state date of TAC
purchase.	approval:
Is the item ERP related? ⊠ No ☐ Yes, answer the belo	ow questions.
Are the purchases compatible with the new ERP syste	•
Are the purchases compatible with the new Litt syste	III: 🗆 Tes 🗀 No, piease explain.
FUNDING SOURCE: Please provide the complete provi	per name of each funding source (No acronyms). Include
	per fiame of each funding source (No acronyms). Include
% for each funding source listed.	
100% General Fund	
100% General Fund	
Is funding for this included in the approved budget?	\boxtimes Yes \square No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be dra	awn and amounts if more than one accounting unit.
145400405 / 50050	
ME100105/ 52250	
Payment Schedule: ☑ Invoiced ☐ Monthly ☐ Quart	early \(\Pri \) One time \(\Pri \) Other (please explain):
Fayment Schedule. \(\Delta \)	erry Done-time Dother (please explain).
Provide status of project.	
To the distance of projects	
Leave to the Callete	The same of the sa
-	elow 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:	of the state of the Maria Later Property of the Control of the Con
	nfor, such as the item being disapproved and requiring
correction: NA	
If late, have services begun? ⊠ No ☐ Yes (if yes, ple	ase explain)

Have payments	been made? 🗵 No	o □ Yes (if yes, ple	ase explain)			
HISTORY (see in	structions): see ch	art above				
BC2025-781						
TITLE Public Safety and Justice Services, 2025, Requesting authority to apply for STOP Violence Against Woman act (VAWA) Administrative funds in amount of \$19,355.61.						
DEPARTMENT C	R AGENCY NAME	Cuyahoga County	Public Safety and J	lustice Services		
REQUESTED ACT		□ Authority to A	pply (for grants w	rith Cash Match and/or	Subrecipients).	
*PLEASE INCLUE	DE SUPPORTING S ATTACHMENTS			th no Cash Match or Suure required Yes Yes	• •	
TO THE SUBMIS	SION IN ONBASE.	required).	☐ Grant Agreement (when the signature of the County Executive is required).			
		required).	J	e of the County Execut	ive is not	
		☐ Grant Amendr☐ Pre-Award Col County Executive	nditions Forms (w	hen no signature is req	uired by the	
		•				
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/		the STOP Violenc amount of \$19,35	e Against Woman 55.61	025, Requesting autho act (VAWA) Administra II consist of the followi	tive funds in the	
EXPLANATION C	OF THE GRANT:	Officer and a Prog		at a minimum of 18%) for minister the VAWA Blo ng:	_	

	A. Completing all County required fiscal activities related to internal index codes, subobject codes and fiscal processing
	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
	C. Reconciliation of budget versus actuals
	D. Submit budget adjustment request as needed for the VAWA Administrative and Block grants
	E. Submit financial reports on a quarterly basis and request for the reimbursement of funds expended for the quarter being reported
	F. Maintain electronic and hard copy of all financial and programmatic files
	G. Prepare contracts to be submitted to the providers for execution
	H. Monitors contracts for compliance
	I. Submits the program reports quarterly for the VAWA Block grant
	J. Submits program reports quarterly for the VAWA RPU Grant
	The goal of the funding for the grant is to manage the VAWA Block funding
PROJECT GOALS, OUTCOMES OR	through programmatic oversight and fiscal management of subrecipients.
PURPOSE (LIST 3):	Management of subrecipients monthly reporting and conduction site visits.
	Preparing monthly and yearly reports to submit to the state.
GRANT SUBRECIPIENTS – ARE THER	E ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ NO
IF ANSWERED YES, PLEASE C	OMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.
	, 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:	
DROJECT COLINCII DISTRICT.	
PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY	
GRANT/PROJECT, IF APPLICABLE.	
Sin artification, in the file tolet.	

	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? ☑ YES ☐ NO
	If yes, how much is required for the Cash Match by the County? Also, please
FUNDING SOURCE:	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 tine per	iod 1/1/2026-12/31/2026			
Department or Agency Name Cuyahoga County Job and Family Services					
Requested Action		☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue			
		Generating ☐ Purchase Order			
☐ Other (please specify):					

Original (O)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	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: ☐ New service/purchase ☒ Existing service/purchase (provide details in Service/Item Description)	•
For purchases of furniture, computers, vehicles: A Age of items being replaced: How will re	dditional Replacement eplaced items be disposed of
Project Goals, Outcomes or Purpose (list 3):	
Caseworkers are responsible for determining income on a DD Medicaid Waiver and ongoing eligibility redet	eligibility for CCBDD consumers seeking initial enrollment erminations for consumers on a DD Medicaid Waiver.
Income eligibility shall also be determined by unit case waiver within a reasonable period of time or are resid	eworkers for CCBDD consumers who may be enrolling on a ents or potential residents of an ICF-IID.
This agreement will make the enrollment and re-determined cases workers more accessible to the clients, their	rmination process for CCBDD consumers easier by making families, and CCBDD staff members.
	ne, Street Address, City, State and Zip Code. Beside each
	ctor, other (specify). If there are multiple vendors copy this
table and complete for each vendor. Vendor Name and address:	Owner everytive director other (checify)
Vendor Name and address.	Owner, executive director, other (specify):
Cuyahoga County Board of Developmental	Dr. Amber Gibbs, Superintendent and CEO
Disabilities	
1275 Lakeside Avenue, East	
Cleveland, Ohio 44114	
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#	Provide a short summary for not using competitive bid
☐ RFB ☐ RFP ☐ RFQ	process.
□ Informal	A revenue generating agreement is being a second
☐ Formal Closing Date:	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.
	*Coo lustification for additional information
The total value of the solicitation:	*See Justification for additional information.
I THE LULAI VAIUE OF LITE SUITCHANDIN.	⊠ Exemption

Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date			
	☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().			
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?				
Recommended Vendor was low bidder:	☐ Government Purchase			
	☐ Alternative Procurement Process			
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)			
	☐ Other Procurement Method, please describe:			
Is Purchase/Services technology related \boxtimes No \square Yes below.	If yes, list date of TAC approval and answer the questions			
List date of TAC approval Date:				
☐ Check if item on IT Standard List of approved purch☐ Check if item is ERP related? ☐ No ☐ Yes.	ase and provide date of TAC approval.			
Are the purchases compatible with the new ERP syste	m? □ Yes □ No, please explain.			
FUNDING SOURCE: Please provide the complete, pro % for each funding source listed.	per name of each funding source (No acronyms). Include			
The project is a revenue-generating agreement where CCBDD will pay CJFS for this program.				
Is funding for this included in the approved budget? \boxtimes Yes \square No (if "no" please explain):				
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 dr				
	awn and amounts if more than one accounting unit.			

Provide status of project.					
Is contract/purchase late ⊠ No □ Yes, In the fields below provide reason for late and timeline of late submission	ion				
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	ing				
correction:					
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)					
Have payments been made? ☐ No ☐ Yes (if yes, please explain)					
HISTORY (see instructions): see chart above					
This form (see mistractions). See that tabove					
BC2025-783					
Title 2026 Digital Media Advertising					
Department or Agency Name Division of Children Family Services					
Requested Action ☐ Contract ☐ Agreement ☐ Lease ☐ Amendment ☐ Revenue					
Generating Purchase Order					
☐ Other (please specify):					
Original (O)/ Contract Vendor Time Period Amount Date Approval No. Amendment No. (If PO, Name BOC/Council	•				
(A-#) list PO#) Approved					
O CM 5779 Manicz 1/1/2026- \$60,000.00 Pending Pending					
Media, LLC 12/31/2027					
Service/Item Description (include quantity if applicable). When submitting an amendment, address any change to the time period of the agreement, reduction or addition of funds, shapped to the existing same of services.	•				
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.	,				
ger and an area, area, area area approximately area area.					
Manicz Media LLC will provide digital ad services specifically for Child Abuse and Neglect Prevention for the					
Division of Children Family Services.					
The services will be provided from 1/1/2026 – 12/31/2027.					

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):						
Digital display and video advertising targeting women Minimum of 260,000 impressions per month for durat Display creative and dashboard capabilities included.	25-64 living in select zip codes across Cuyahoga County. tion of campaign.					
	ne, Street Address, City, State and Zip Code. Beside each ctor, other (specify). If there are multiple vendors copy this					
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 PROCLIDEMENT	NON COMPETITIVE PROCUPEMENT					
COMPETITIVE PROCUREMENT RQ# Event #6635	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid					
□ RFB □ RFP □ RFQ □ Informal	process.					
□ Formal Closing Date: 9/29/2025	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					

	exemption not an informal bid award, due to the change
	in the focus of the ad campaign.
	*See Justification for additional information.
The total value of the solicitation: \$60,000	⊠ Exemption
Number of Solicitations (sent/received) 9 / 4	Ctate Contract list CTC number and aurination data
Number of Solicitations (sent/received) 3 / 4	☐ State Contract, list STS number and expiration date
	☐ Government Coop (Joint Purchasing Program/GSA),
Postisination (Cools (9)), () DDF () CDF	list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received
vendor per DEI tab sheet review? ☐ Yes	from posting ().
☐ No, please explain.	
If no, has this gone to the Administrative	
Reconsideration Panel? If so, what was the	
outcome?	
Recommended Vendor was low bidder: Yes	☐ Government Purchase
☐ No, please explain:	
	☐ Alternative Procurement Process
How did pricing compare among bids received?	☐ Contract Amendment - (list original procurement)
Vendor was the lowest bidder at \$32,000	
vendor was the lowest blader at \$32,000	☐ 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:	1
List date of TAC approval Date.	J
\square Check if item on IT Standard List of approved purch	ase and provide date of TAC approval.
☐ Check if item is ERP related? ☐ No ☐ Yes.	
Are the purchases compatible with the new ERP syste	m? □ Yes □ No. please explain.
The tire parentages companie that the new 2111 Syste	🗀 тео 🗀 тоо, ртеазе емрани
ELINDING SOURCE: Please provide the complete pro-	per name of each funding source (No acronyms). Include
% for each funding source listed.	per hame of each funding source (No actoriyms). Include
65% Health and Human Services Levy	

35% Title IV-E								
Is funding for t	his included i	n the app	roved bud	dget? ⊠ Yes [☐ No (if "no" pleas	se explain):		
List all Account	ting Unit(s) սր	on which	funds wil	ll be drawn an	d amounts if more	than one accou	nting unit.	
HS260175 541	L00 UCH0400	0						
Payment Scheo	dule: 🗵 Invoi	ced ⊠ M	onthly \square	Quarterly \square	One-time Oth	er (please expla	in):	
Provide status	of project. I	n process						
•	rchase late ⊠	No □ Ye	s, In the fi	elds below pro	ovide reason for lat	te and timeline o	f late submission	
Reason:								
Timeline								
Project/Procur	ement Start	Date (date you	r				
team started w								
Date documen								
Date of insurar								
Date Departme		•				-: d:		
correction:	ues that aros	se during	processir	ng in intor, si	uch as the item b	eing disapprove	ed and requiring	
	rvicos hogun) \square No \square	□ Voc (if v	vos plaasa avr	alain)			
If late, have se				· · · · · · · · · · · · · · · · · · ·				
Have payment	s been made	r 🗆 INO	□ res (II	yes, piease ex	epiairi)			
HISTORY (see i	nstructions):							
BC2025-784								
Title 2025 R	Revenue Gene	erating Ag	reement A	AMND1 – Divi	sion of Senior and	Adult Services (I	DSAS); McGregor	
Pace; 1	Term 1/1/202	6 – 12/31	/2028.					
Department or	Agency Nam	е	ivision of	Senior and Ac	dult Services (DSAS))		
Requested Act	ion		Contrac	t 🗆 Agreeme	ent □ Lease ⊠	Amendment \square	Revenue	
Generating Purchase Order								
☐ Other (please specify):								
	1	T						
Original (O)/	Contract	Vendor	Ti	me Period	Amount	Date	Approval No.	
Amendment	No. (If PO,	Name				BOC/Council		
(A-#)	list PO#)	NAC ===	or 4	/1 /2025	¢72 600 00	Approved	DC202E 420	
0	5453 McGregor 4/1/2025 - \$72,600.00 6/30/2025 BC2025-428							

12/31/2025

Pace

A-1	5453	McGregor	1/1/2026-	Unspecified	Pending	Pending
		Pace	12/31/2028	total		
				contractual		
				value at a \$24		
				hourly rate		

				hourly rate			
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 whath	or: 🗆 Now s	onvice /nurchace	✓ Evicting con	iso/purchasa □ Be	anlacament for a	un ovicting	
		•	existing serv Item Descriptioi	rice/purchase 🗆 Re	еріасеттеті тог а	ii existilig	
50. V.60, par 6.14	se (provide d	etans in service,	reem Besonption	. seed a sere,			
Age of items be		•		nal Replaceme ditems be disposed			
		Purpose (list 3):	iow will replaced	i items be disposed	101:		
-			support service	S.			
		•		ocedures related to	o the program to	ensure best	
services and pr	actices are pr	rovided to client	s including comp	etency evaluations	s, adhering to mo	onitoring and	
adhere to the 0	QA Plan.						
						_	
In the hoves b	olovy list Mov	ndor/Contractor	ata Nama Ctr	aat Addrass City	State and Zin Co		
			, etc. Name, Str cutive director, o	eet Address, City,	State and Zip Co	Jue. Beside each	
Vendor Name a		ride Owner, exec		er, executive direct	or, other (specif	v):	
rendor name (arra aaar css:			er, excountre un con	or, ource (opcon	,,,	
McGregor Pace	9		Tang	i McCoy, Chief Exec	cutive Officer		
26310 Emery R	toad						
Warrensville H	ts, OH 44128						
Vendor Counci	l District:		Proje	ect Council District:			
			Cour	tywide			
		full address or	list the				
municipality(ie	s) iiiipacted b	ny tine project.					

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT

RQ# (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid				
items, as applicable)	process.				
□ RFB □ RFP □ RFQ					
☐ Informal	Amendment to an existing contract.				
☐ Formal Closing Date:					
	*See Justification for additional information.				
The total value of the solicitation:	☐ Exemption				
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date				
	☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().				
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?					
Recommended Vendor was low bidder: Yes	☐ Government Purchase				
☐ No, please explain:					
	☐ Alternative Procurement Process				
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement) exemption				
	☐ Other Procurement Method, please describe:				
Is Purchase/Services technology related ☐ Yes ☒ No.	If yes, complete section below:				
☐ 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? \square No \square Yes, answer the below	ow questions.				
Are the purchases compatible with the new ERP syste	m? ☐ Yes ☐ No, please explain.				
FUNDING COURCE, Planta and the second state of	Control Contro				
% for each funding source listed.	per name of each funding source (No acronyms). Include				
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? ☐ No (if "no" please explain):					
List all Accounting Unit(s) upon which funds will be dr	awn and amounts if more than one accounting unit.				

No accounting units are used because this is revenue generating					
Payment Schedule: ☐ Invoiced ☒ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):					
Provide status of project. Projec Health Aide services paid to DSAS I	•	unctioning as intended. This amend ace.	ment is to continue Home		
Is contract/purchase late ☐ No ☐	Yes, In the fiel	ds below provide reason for late and	timeline of late submission		
Reason:					
Timeline					
Project/Procurement Start Date team started working on this item)	:				
Date documents were requested fi					
Date of insurance approval from ri					
Date Department of Law approved Detail any issues that arose duri correction:		in Infor, such as the item being d	lisapproved and requiring		
If late, have services begun? ☐ No	☐ Yes (if ye	s, please explain)			
Have payments been made? No other this is a revenue generating contract.					
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/ Cuyah	noga County Job and		
	1				
REQUESTED ACTION		e Procurement			
☐ Amendment to Alternative Procurement					
LIST MOST DECENT/DDIOD	DATE BOC AL	DDDOVED/COLINCII'S IOLIDNIAL DATE	ADDROVAL NO		
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT DATE BOC APPROVED/COUNCIL'S JOURNAL DATE BC2020-363					
APPROVALS FOR THIS REQUEST; BC2020-363 BC2021-737					
INCLUDING AMENDMENTS, AS BC2022-802					
APPLICABLE BC2023-852					
			BC2024-806		
	Description of	of Request:			
DESCRIPTION/ Cuyahoga Job and Family Services has a contract with Americab to provide					
EXPLANATION OF REQUEST:	· · ·				
appointments under the Non-Emergency Transportation (NET) program.					

	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.
	Explanation of Request: While the governmenting majority of Medicaid recipients utilize American
	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
İ	We are requesting an alternate procurement for Ace Taxi and ARC Taxi to

FUNDING SOURCE:	Is funding for this included in the approved budget?
	☑ YES □ 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)		
Depart	ment or Agency Name	Public Works	
Reque	sted Action	☐ Contract ☐ Agreement ☐ Lease ☒ Amendment ☐ Revenue Generating ☐ Purchase Order ☐ Other (please specify):	

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

Service/Item Description (include quantity if applicable).					
Resurfacing existing roadway from Engle Rd. to Smith Rd. in the cities of Brook Park and Middleburgh Hts.					
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.					
Indicate whether: ☐ New service/purchase ☒ Existing service/purchase (provide details in Service/Item Description)	,				
For purchases of furniture, computers, vehicles: \Box Ad	·				
	placed items be disposed of?				
Project Goals, Outcomes or Purpose (list 3):					
See Above Service Description					
See Above Service Description					
In the boxes below, list Vendor/Contractor, etc. Nam	ne, Street Address, City, State and Zip Code. Beside each				
vendor/contractor, etc. provide owner, executive dire					
Vendor Name and address:	Owner, executive director, other (specify):				
Karvo Companies ,Inc. Donald Wortkoetter- Vice President					
4524 Hudson Dr, Stow, Ohio 44224	Duningt Council Districts 2.9.4				
Vendor Council District: N/A	Project Council District: 2 & 4				
If applicable provide the full address or list the	Brookpark & Middleburg Hts, OH				
municipality(ies) impacted by the project.					
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT				
RQ#14071 (Insert RQ# for formal/informal	Provide a short summary for not using competitive bid				
items, as applicable)	process.				
⊠ RFB □ RFP □ RFQ					
☐ Informal	*C lookification for additional information				
☐ Formal Closing Date:	*See Justification for additional information.				
The total value of the solicitation: \$1,047,176.68	☐ Exemption				
Number of Solicitations (sent/received) 11/7	☐ State Contract, list STS number and expiration date				
	☐ Government Coop (Joint Purchasing Program/GSA),				
	list number and expiration date				
Participation/Goals (%): (7%)DBE () SBE	☐ Sole Source ☐ Public Notice posted by Department				
() MBE () WBE. Were goals met by awarded	of Purchasing. Enter # of additional responses received				
vendor per DEI tab sheet review? ⊠ Yes	from posting ().				
☐ No, please explain.					

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?				
Recommended Vendor was low bidder: ⊠ Yes ☐ No, please explain:	☐ Government Purchase			
Low Bidder not DEI compliant recommended vendor matched the lowest bid	☐ Alternative Procurement Process			
How did pricing compare among bids received? Mathematically Balanced	☑ Contract Amendment - (list original procurement)			
	☐ Other Procurement Method, please describe:			
Is Purchase/Services technology related ☐ Yes ☒ No.				
☐ 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? \square No \square Yes, answer the below	ow questions.			
Are the purchases compatible with the new ERP syste	m? ☐ Yes ☐ No, please explain.			
	per 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?	☑ Yes ☐ No (if "no" please explain):			
List all Accounting Unit(s) upon which funds will be dr PW605100	awn and amounts if more than one accounting unit.			
Payment Schedule: ☑ Invoiced ☐ Monthly ☐ Quart	erly One-time Other (please explain):			
Provide status of project.				
Is contract/purchase late $oxtimes$ No $oxtimes$ Yes, In the fields be	elow 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:				
	nfor, such as the item being disapproved and requiring			
If late, have services begun? ☐ No ☐ Yes (if yes, please explain)				

Have payments been made? ☐ No ☐ Yes (if yes, please explain)								
Г <u>-</u>								
		nstructions):						
See Ci	hart Ab	oove						
BC2025-7	787							
Title	Amend	lment 1: Crisi	s Recov	very Food	l Response Proje	ct with the Greate	er Cleveland Food	Bank, Inc.
Departn	nent or	Agency Nam	ie	DEPART	MENT OF HEAL	TH AND HUMAN S	ERVICES	
Request	ed Act	ion		☐ Con	tract \square Agreem	ent □ Lease 🗵	☐ Amendment ☐	Revenue
				Genera	ting 🗆 Purchas	se Order		
				☐ Oth	er (please specify	/):		
Г <u>.</u>	>.		1		T	T .	Т_	T
Original Amendr		Contract No. (If PO,	Vendo Name		Time Period	Amount	Date BOC/Council	Approval No.
(A-#	пепс	list PO#)	Ivallie	:			Approved	
0		5038	Great	er	12/17/2024 –	\$45,000.00	12/16/2024	BC2024-956
			Cleve	land	November 1,			
				Bank,	2025			
A1		5038	Inc. Great	or	11/2/2025-	\$0.00	Donding	Donding
AI		3036	Cleve		11/2/2025	\$0.00	Pending	Pending
				Bank,	11,1,2020			
		Inc.						
Service/	Item D	escription (in	iclude c	quantity i	f applicable).			
As a res	ult of ti	he August 6	2024 to	rnado C	uvahoga County	Department of He	ealth and Human	Services (DHHS)
		_				mergency Manag		
						can be drawn on		
and nati	ional ei	mergencies.						
Curaba	C-···	-t Do		مرم طفامما	d I I i i i i a a a a a C a m i i a a		Cambraat Na. 5031	Owith Caston
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):							
-			-			onse		
VICK-OU	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.

vendor/contractor, etc. provide owner, executive dire	ctor, 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	County Wide
municipality(ies) impacted by the project.	county wide
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# (Insert RQ# for formal/informal items, as applicable) RFB RFP RFQ	Provide a short summary for not using competitive bid process.
☐ Informal	The Food Bank's mission is to ensure that everyone in
☐ Formal Closing Date:	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:	☐ Exemption
Number of Solicitations (sent/received) /	☐ State Contract, list STS number and expiration date ☐ 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? ☐ Yes ☐ No, please explain.	☐ Sole Source ☐ Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
	☐ Government Purchase

Recommended Vendor was low bidder: Yes	
☐ No, please explain:	☐ Alternative Procurement Process
How did pricing compare among bids received?	☑ Contract Amendment - (list original procurement)
	RFP Exemption
	☐ Other Procurement Method, please describe:
	other Procurement Method, please describe.
Is Purchase/Services technology related ☐ Yes ☒ N	a If you complete section below:
	If item is not on IT Standard List state date of TAC
☐ Check if item on IT Standard List of approved	
purchase.	approval:
Is the item ERP related? ☐ No ☐ Yes, answer the be	elow questions.
Are the purchases compatible with the new ERP sys	tem? 🗆 Yes 🗀 No, please explain.
·	oper 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?	☑ 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.
n/a	
Payment Schedule: ☐ Invoiced ☐ Monthly ☐ Qua	arterly 🗵 One-time 🛘 Other (please explain):
	, , , , , , , , , , , , , , , , , , , ,
Provide status of project. Project has expended \$45	5.000.00 of funding. This is a no-cost extension.
,	6
Is contract/nurchase late \(\Pi \) No \(\Pi \) Vas In the fields	below provide reason for late and timeline of late submission
	nsion late October and discussions continued regarding what
amendment changes were needed thereafter.	insion late october and discussions continued regarding what
amendment changes were needed thereafter.	
Timeline	
Project/Procurement Start Date (date your 1	0/24/2025
team started working on this item):	
Date documents were requested from vendor: 1	0/27/2025
Date of insurance approval from risk manager: n,	/a
Date Department of Law approved Contract: 1	1/14/2025
Detail any issues that arose during processing in	Infor, such as the item being disapproved and requiring
correction:	
If late, have services begun? □ No ☒ Yes (if ve	es, please explain) There exists a demonstrated community
	facilitating a crisis recovery food response and conducting a
table-top exercise. The continuity of these services i	, , ,
Have payments been made? ⊠ No ☐ Yes (if yes,	
Have payments been made: 22 No 12 Tes (II yes,	picase explains
HISTORY (soo instructions). Soo short shows	
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

		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 Wor	·ks		
REQUESTED ACTION - CHECK ALL THAT IS AF		⊠ Author	☐ Authority to Apply (for grants with Cash Match and/or Subrecipients).		
*PLEASE INCLUDE SUI DOCUMENTS AS ATTA THE SUBMISSION IN C	ACHMENTS TO	➤ Is ☐ Grant A required). ☐ Grant A required). ☐ Grant A ☐ Pre-Awa	☐ Grant Award (when the signature of the County Executive is not		
GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME AMOUNT		(PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.	
ORIGINAL (O)	ODOT		Project cost:	pending		
	Project	N/A	\$8,842,922.82		pending	
	number	11/7	County share:		periamg	
	39-25		\$423,603.21			
AMENDMENT (A-1)						
AMENDMENT (A-)						
This grant contributes \$420,968.61 in ODOT funds for the Sh		t Taxiway A				
DESCRIPTION/ (2,20		(2,200' x 35'); Shift Taxiway A3 (263' X 35') (Future Taxiway B1) including				
EXPLANATION OF THE GRANT: Me		Medium-Int	Medium-Intensity Taxiway Edge Lighting (MITL) LED and Signage Phase I			
		(Construction) Construction at the Cuyahoga County Airport, with the			vith the	

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 YES 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: PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE. 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. 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. POST OF Aviation funding. PROVIDE FULL SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES NO IF ANSWERD YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. PROVIDE FULL ADDRESS/LIST SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES NO IF ANSWERD YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. PROVIDE FULL ADDRESS/LIST SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES NO IF ANSWERD YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. PROVIDE FULL ADDRESS/LIST SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES NO IF ANSWERD YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. PROVIDE THE CONTRACT AND THE ALL THE ADDRESS AND THE ADDRESS		County only needing to contribute \$423,603.21. The Federal Aviation
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 YES 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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		Administration's share is \$7,998,351.00.
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 YES 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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
PURPOSE (LIST 3): Take advantage of ODDT Office of Aviation funding. Continue fulfilling the ongoing County Airport Improvements Plan. GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES 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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.	DROJECT COALS OUTCOMES OR	Approval to apply, accept, and get signatures on grants.
GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES 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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		Take advantage of ODOT Office of Aviation funding.
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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.	FUNFUSE (LIST 3).	Continue fulfilling the ongoing County Airport Improvements Plan.
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 Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
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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 RICHMOND HEIGHTS directly and Northeast as a whole, with the airport being a regional hub.	•	
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 RICHMOND HEIGHTS directly and Northeast as a whole, with the airport being a regional hub.		ASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.
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 RICHMOND Heights directly and Northeast as a whole, with the airport being a regional hub.		
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 Note that the provided in		
THE CONTRACTOR/VENDOR SUBRECIPIENT'S COUNCIL DISTRICT: DOLLAR AMOUNT ALLOCATED: PROJECT COUNCIL DISTRICT: PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
SUBRECIPIENT'S COUNCIL DISTRICT: DOLLAR AMOUNT ALLOCATED: PROJECT COUNCIL DISTRICT: PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
DISTRICT: DOLLAR AMOUNT ALLOCATED: PROJECT COUNCIL DISTRICT: PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.	·	
PROJECT COUNCIL DISTRICT: 11 PROVIDE FULL ADDRESS/LIST Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY Richmond Heights directly and Northeast as a whole, with the airport being a regional hub.		
MUNICIPALITY(IES) IMPACTED BY being a regional hub.	PROJECT COUNCIL DISTRICT:	11
· ·	PROVIDE FULL ADDRESS/LIST	Richmond Heights directly and Northeast as a whole, with the airport
GRANT/PROJECT, IF APPLICABLE.	MUNICIPALITY(IES) IMPACTED BY	being a regional hub.
	GRANT/PROJECT, IF APPLICABLE.	
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? YES NO If yes, how much is required for the Cash Match by the County? Also,	FUNDING SOURCE:	, ,
FUNDING SOURCE: 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	Item No. 2	
TITLE	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.		Taxilane B (35' x 789') Construction at the Cuyahoga County Airport.
DEPARTMENT OR AGENCY NAME Public Works	DEPARTMENT OR AGENCY NAME	Public Works

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE		☐ Authority to Apply (for grants with Cash Match and/or Subrecipients).				
*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.		➤ Is C ☐ Grant Agrequired). ☐ Grant Avrequired). ☐ Grant Ar	County Executive signature greement (when the signature ward (when the signature mendments and Conditions Forms (where the signature conditions Forms (where the signature conditions forms (where the signature conditions forms (where signature conditions for mental conditions for me	h no Cash Match or Subre re required □ Yes 図 N ature of the County Executive in the County Executive	o tive is s not	
	T	_	1	.	1	
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:	B (35' x 789 County only	') Construction at the Cu	n ODOT funds for Reconst yahoga County Airport, wi 56,425.25. The Federal Av .00.	ith the	
PROJECT GOALS, OUTCOMES OR		Approval to apply, accept, and get signatures on grants.				
PURPOSE (LIST 3):		Take advantage of ODOT Office of Aviation funding.				
		Continue fulfilling the ongoing County Airport Improvements Plan.				
				TEN INTO THE GRANT 🗆	YES 🗆 NO	
	•		S BELOW AS IT PERTAINS			
		ASE COPY TH	IS SECTION AND COMPLE	TE FOR EACH SUBRECIPIE	NT.	
SUBRECIPIENT'S I	NAME AND					
ADDRESS:	OC EVECUTIVE					
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR						
THE CONTRACTO						
SUBRECIPIENT'S	•					
DISTRICT:	COUNCIL					
DOLLAR AMOUN	T ALLOCATED:					
		1				
PROJECT COUNC	IL DISTRICT:	11				

PROVIDE FULL ADDRESS/LIST		Richmond Heights directly and Northeast as a whole, with the airport					
MUNICIPALITY(IES) IMPACTED BY		being a regional hub.					
GRANT/PROJECT, IF APPLICABLE.							
		Please provide the	complete, proper	name of the funding sou	rce (no		
FUNDING SOURCE:		acronyms) for receipt of this grant.					
		Department of Public Works – Airport Capital Improvement Plan budget					
		Does this require a Cash Match by the County? ☐ YES ☒ 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 mo	ore than one Count	ty funding source for the	Cash Match.		
			- Department of P	ublic Works – Airport Ca _l	oital		
		Improvement Plan budget					
Item No. 3							
TITLE		Authority to Apply	for FY25 Violence	Against Women Act (VAV	VA) 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.		☑ Authority to Apply (for grants with Cash Match and/or Subrecipients).					
		☐ Grant Application (for grants with no Cash Match or Subrecipients).					
		➤ Is County Executive signature required □ Yes ☒ No					
		,					
		☐ Grant Agreement (when the signature of the County Executive is					
		required).					
		☐ Grant Award (when the signature of the County Executive is not					
		required).					
		☐ Grant Amendments					
		☐ Pre-Award Conditions Forms (when no signature is required by the					
		County Executive)					
					1		
GRANT	NAME OF	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL		
-	CURRENT/ GRANT			(PLEASE PROVIDE	NO.		
HISTORICAL				BOC MEETING DATE)			
INFO	_				<u> </u>		
ORIGINAL (O)	FY25 Violence	1/1/2026 –	\$677,582.59	5/19/2025	CON2025-		

3/31/2027

Against

AMENDMENT

AMENDMENT

(A-1)

(A-)

Women Act Grant 51

	The VAWA Grant creates and supports comprehensive, cost-effective
DESCRIPTION/	responses to domestic violence, sexual assault, dating violence and
EXPLANATION OF THE GRANT:	stalking. It builds on existing protections and programs to better meet
	survivors' needs.
	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
PROJECT GOALS, OUTCOMES OR	reduce violence against women and others to create mutually respectful
PURPOSE (LIST 3):	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	E ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT ☐ YES ☒ NO
IF ANSWERED YES, PLEASE COMPLET	TE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.
FOR MULTIPLE SUBRECIPIENTS, PLEA	ASE 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:	
	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? ☐ YES ☒ NO
FUNDING SOURCE:	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

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).

(no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 5

(See related list of 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