



**Cuyahoga County Board of Control Agenda
Monday, May 19, 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 – 5/12/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-327

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Desk Company in the amount not-to-exceed \$16,656.00 for the purchase of (40) frameless glass panels for workstations at the Board of Elections.
- b) Recommending an award on Purchase Order No. 25001641 to Ohio Desk Company in the amount not-to-exceed \$16,656.00 for the purchase of (40) frameless glass panels for workstations at the Board of Elections.

Funding Source: General Fund

BC2025-328

Department of Sustainability,

- a) Submitting an RFP exemption, which will result in an award recommendation to The Student Conservation Association, Inc. in the amount not-to-exceed \$110,000.00 to engage SCA to assist the County's Fresh Water Institute with training climate-ready workers to fulfill the specialized workforce needs of the water industry in the Great Lakes effective upon signatures of all parties for a period of 2 years.

- b) Recommending an award and enter into Contract No. 5423 with The Student Conservation Association, Inc. in the amount not-to-exceed \$110,000.00 to engage SCA to assist the County's Fresh Water Institute with training climate-ready workers to fulfill the specialized workforce needs of the water industry in the Great Lakes effective upon signatures of all parties for a period of 2 years.

Funding Source: U.S. Department of Housing and Urban Development Cuyahoga County Fresh Water Institute Development Project Grant

BC2025-329

Department of Information Technology, submitting an amendment to Contract No. 4144 (fka Contract Nos. 674 and CE1600276) with Infor Public Sector, Inc. for annual subscription fees, system upgrades to MyTime Workforce Management platform to support project implementation, and for additional funds in the amount-not-to-exceed \$40,949.08, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-330

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to the City of Cleveland, Community Relations Board in the amount not-to-exceed \$150,000.00 for the PASS (Pre-Arrest Diversion Support Services) Program to provide needs assessments to at risk youth and their families for the period 3/1/2025-6/30/2026.
- b) Recommending an award and enter into Contract No. 5349 with the City of Cleveland, Community Relations Board in the amount not-to-exceed \$150,000.00 for the PASS (Pre-Arrest Diversion Support Services) Program to provide needs assessments to at risk youth and their families for the period 3/1/2025-6/30/2026.

Funding Source: RECLAIM Grant

BC2025-331

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 Third Sector Capital Partners, Inc. in the amount not-to-exceed \$195,000.00 to establish a cross-agency continuous improvement process to improve economic opportunity for Cuyahoga County youth and young adults transitioning out of foster care, effective upon signature of all parties through 1/31/2026.
- b) Recommending an award and enter into Contract No. 5352 with Third Sector Capital Partners, Inc. in the amount not-to-exceed \$195,000.00 to establish a cross-agency continuous improvement process to improve economic opportunity for Cuyahoga County youth and young adults transitioning out of foster care, effective upon signature of all parties through 1/31/2026.

Funding Source: 53.85% Health and Human Services Levy Fund and 46.15% U.S. Department of Housing and Urban Development Planning Grant

BC2025-332

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

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$1,013,070.00 for Continuum of Care Coordinated Entry System in connection with FY2024 Continuum of Care Homeless Program Competition grant for the period 2/1/2025 – 1/31/2026.
- b) Submitting a grant agreement with U.S. Department of Housing and Urban Development in the amount of \$1,013,070.00 for Continuum of Care Coordinated Entry System in connection with FY2024 Continuum of Care Homeless Program Competition grant for the period 2/1/2025 – 1/31/2026.

Funding Source: 75% U.S. Department of Housing and Urban Development Continuum of Care Program and 25% Cash Match (Health and Human Services Levy Fund)

BC2025-333

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

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$517,613.00 for Rapid Re-housing services for families in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the 6/1/2025 – 5/31/2026.
- b) Submitting a grant award from U.S. Department of Housing and Urban Development in the amount of \$517,613.00 for Rapid Re-housing services for families in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the 6/1/2025 – 5/31/2026.

Funding Source: 75% U.S. Department of Housing and Urban Development Continuum of Care Program and 25% Cash Match (Health and Human Services Levy Fund)

BC2025-334

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

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$584,302.00 for Rapid Re-housing services for single adults in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the 10/1/2025 – 9/30/2026.
- b) Submitting a grant award from U.S. Department of Housing and Urban Development in the amount of \$584,302.00 for Rapid Re-housing services for single adults in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the 10/1/2025 – 9/30/2026.

Funding Source: 75% U.S. Department of Housing and Urban Development Continuum of Care Program and 25% Cash Match (Health and Human Services Levy Fund)

C. – Consent Agenda

BC2025-335

Department of Public Works, submitting an amendment to Contract No. 4478 with Terrace Construction Company, Inc. for rehabilitation of East 200th Street from Mohican Avenue to Lakeshore Boulevard in the Cities of Cleveland & Euclid in connection with the 2021-2024 Transportation Improvement Program; no additional funds required, effective upon signatures of all parties.

Funding Source: 61.5% Municipal, 22.9% Federal, 13.4% Ohio Public Works Commission Grant Fund, 2.2% Road and Bridge \$5.00 Motor Vehicle Fund

BC2025-336

Department of Housing and Community Development, submitting an amendment to Contract No. 4890 with Cleveland Mediation Center for eviction prevention and Shelter Mediation Program services for the period 8/1/2024 – 4/30/2025 to extend the time period to 6/30/2025; no additional funds required effective upon signatures of all parties.

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

BC2025-337

Fiscal Department, presenting proposed travel/membership requests for the week of **5/19/2025**:

Dept:	Department of Public Works							
Event:	WEF/WEAT Collection Systems and Stormwater Conference 2025							
Source:	Water Environment Federation and Water Environment Association of Texas							
Location:	Houston, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Douglas Dietzel	7/14/2025 - 7/18/2025	\$745.00	\$180.00	\$750.00	\$400.00	\$755.00	\$2,830.00	Sanitary Sewer Fund
Brandon Skufca	7/14/2025 - 7/18/2025	\$745.00	\$180.00	\$750.00	\$400.00	\$755.00	\$2,830.00	Sanitary Sewer Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The conference aims to explore sustainable infrastructure solutions, focusing on resilience, adaptability, and innovation in response to urban flooding, stormwater runoff, and aging infrastructure. The event will feature 26 technical sessions, 3 workshops, and 2 tours, providing a comprehensive program for professionals in the field. Dynamic environment for networking, knowledge sharing, and professional development, with opportunities to engage with experts, regulators, and technology providers.

Dept:	Sheriff's Department							
Event:	Axon Week 2025							
Source:	Axon							
Location:	Phoenix, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Padraig Devlin	4/21/2025-4/26/2025	\$1,149.00	\$360.00 \$171.66	\$1,500.00 \$1,682.95	\$800.00 \$1,071.34	\$800.00 \$645.67	\$4,609.00 \$4,720.62	Continued Professional Training Fund

Purpose:

Attendance at the conference will help ensure that our team understand the latest in public safety technology and learning about the innovative solutions of the future. Axon Week is Public Safety's premier Technology and training conference and will feature keynotes on the future of public safety technology, training, and breakout sessions on innovative solutions in the public safety sector. Expert speakers and panels will address highly requested topics on public safety policy, training, crime reduction, communication, and officer wellness among other topics.

***Previously Approval BC2025-80 in the amount of \$4,609.00. Traveler is seeking additional funds due to exceeding travel approval.

BC2025-338

Department of Purchasing, presenting proposed purchases for the week of 5/19/2025:

Direct Open Market Purchases
(Purchases between \$10,001 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001723	(1) Pipehunter Easement Machine with various accessories	Department of Public Works	The Safety Company LLC dba MTech Company	\$72,216.24	Sanitary Sewer Fund

25001746	(2) Tag- along trailer with beavertail and ramps	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$63,668.00	Sanitary Sewer Fund
25001811	Various pavement repair supplies for the Road and Bridge Division	Department of Public Works	Unique Paving Materials Corp.	Not-to-exceed \$15,000.00	Road and Bridge Fund
25001594	(24,500) rounds of rifle ammunition and (250,000) rounds of pistol ammunition	Sheriff's Department	Suppressor Co LLC	\$89,676.50	General Fund
25001949	(55) CBRN Breathing Respirators and (316) Canister Filters	Department of Public Safety and Justice Services	Drellishak & Drellishak dba Pro-Tech Sales	\$44,767.00	FY2022 Urban Area Security Initiative (UASI)

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001896	Out-of-home care placement services for the period of 11/19/2023-11/30/2023*	Division of Children and Family Services	KMI Acquisitions, LLC dba The Brook Hospital KMI	\$19,800.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement

*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, submitting an agreement of cooperation with City of Rocky River for the replacement of Hilliard Boulevard Bridge No. 08.57 over Rocky River, Valley Parkway and Trail.

Funding Source: \$27,500,000.00 - Federal, \$8,000,000.00 - Issue 1 and \$ 4,500,000.00 - Road and Bridge Fund

Item No. 2

Department of Workforce Development, in partnership with City of Cleveland as designated Local Workforce Area 3, submitting a subgrant agreement with Ohio Department of Job and Family Services to define the roles and responsibilities of the administration of workforce development activities in connection with the allocation of Workforce Innovation and Opportunity Act grant funds for the period 7/1/2025 - 6/30/2027.

Funding Source: N/A

Item No. 3

Department of Workforce Development, submitting a Memorandum of Understanding with Local Workforce Area 3 partners to define the terms, roles responsibilities, and funding commitments the parties have negotiated and mutually agreed upon for the operation and funding of the local area Workforce Development System and the OhioMeansJobs Centers in Local Area 3 for the period 7/1/2025- 6/30/2027.

Funding Source: N/A

Item No. 4

Department of Public Safety and Justice Services, submitting a subgrant award agreement from Ohio Department of Public Safety/Office of Criminal Justice Services in the total amount of \$764,802.41 for the Regional Planning Unit Project in connection with the FY2024 STOP Violence Against Women Act Block Grant for the period 1/1/2025 – 3/31/2026

Funding Source: 84.5% (\$646,311.90) FY2024 STOP Violence Against Women Act Block Grant from the Ohio Department of Public Safety, Office of Criminal Justice Services, 15.5% (\$118,490.51) Local Cash Match paid by political subdivision subrecipients (not paid by Cuyahoga County or nonprofit subrecipients)

Item No. 5**Contracts \$0.00 – \$10,000.00 – Processed and executed (no vote required)**

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	4436	The City of South Euclid	For the Playground of Possibilities Restoration project at Bexley Park	\$0.00	Department of Development	3/12/2024-12/31/2024 to extend the time period to 8/31/2025	(Original) Community Development Supplemental Grant Program Funds	(Executive) 5/12/2025 (Law)

VI – PUBLIC COMMENT**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control
Monday, May 12, 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 Michael Houser
Councilmember Robert Schleper
Levine Ross, County Council (Alternate for Councilmember Meredith Turner)

II. – REVIEW MINUTES – 5/5/2025

Michael Chambers motioned to approve the minutes from the May 5, 2025, meeting; Robert Schleper 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

~~BC2025-307~~ HELD AT THE REQUEST OF THE DEPARTMENT

~~Department of Public Works, recommending an award on Purchase Order No. 25001882 to Office Revolution II, LLC in the amount not to exceed \$9,066.58 for a joint cooperative purchase, delivery and installation of (11) ReAlign Highback Chairs for the Cuyahoga County Council Chambers.~~

~~Funding Source: General Fund~~

BC2025-308

Department of Public Works, submitting an amendment to Contract No. 2592 with Precision Compaction Services, LLC for preventative maintenance and repair services on compactors, balers and (3) dumpsters,

located at various County buildings for the period 7/26/2022-7/25/2025 to extend the time period to 7/25/2026, and for additional funds in the amount not-to-exceed \$25,000.00.

Funding Source: General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-308 was approved by unanimous vote.

BC2025-309

Department of Public Works, recommending an award on RQ14927 and enter into a Revenue Generating Agreement (via Contract No. 5418) with Continental Café, LLC (23-7) for Café, Food, and Vending Services at various County Buildings, effective upon signatures of all parties through 6/30/2030.

Funding Source: Revenue Generating

Thomas Pavich, Department of Public Works, presented. Robert Schleper asked if the services of the machines and equipment are all a part of the contract where they maintain their own machines. Michael Houser asked how we picked this vendor, asked do we know about the vendors cleanliness and healthiness, asked did we put this out for competitive, how do we pick if someone else was interested in this contract, asked how they would apply for this contract. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-309 was approved by unanimous vote.

BC2025-310

Department of Sustainability,

- a) Requesting authority to apply for grant funds from Ohio Environmental Protection Agency in the amount of \$13,019.00 which represents 75% of the costs for curbside recycling and composting containers in connection with the 2024 Community and Litter Grant Project for the period 4/1/2025 – 3/31/2027, effective upon signature of all parties.
- b) Submitting a grant award from Ohio Environmental Protection Agency in the amount of \$13,019.00 for curbside recycling and composting containers in connection with the 2024 Community and Litter Grant Project for the period 4/1/2025 – 3/31/2027, effective upon signature of all parties.

Funding Source: 75% Ohio Environmental Protection Agency (\$13,019.00). The project requires a 25% Cash Match (\$3,255.00) - Sustainability Grants Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-310 was approved by unanimous vote.

BC2025-311

Department of Information Technology, on behalf of Department of Health and Human Services/ Cuyahoga Job and Family Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to OPEX Corporation in the amount not-to-exceed \$16,360.00 for renewal of hardware maintenance and software licensing on Model 72 and AS7200 Scanner for the period 4/6/2025 – 4/5/2026.
- b) Recommending an award and enter into Purchase Order No. 25001159 with OPEX Corporation in the amount not-to-exceed \$16,360.00 for renewal of hardware maintenance and software licensing on Model 72 and AS7200 Scanner for the period 4/6/2025 – 4/5/2026.

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; Robert Schleper seconded. Item BC2025-311 was approved by unanimous vote.

BC2025-312

Department of Information Technology, recommending an award on Purchase Order No. 25001722 with Great Northern Consulting, LLC in the amount not-to-exceed \$161,609.01 for a state contract purchase of (3) Oracle Database Appliance X11-L, TAA: Model Family, various accessories, Oracle database software support and maintenance services.

Funding Source: 66.67% Real Estate Assessment Fund and 33.33% Health and Human Services Levy Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-312 was approved by unanimous vote.

BC2025-313

Department of Information Technology on behalf of the Sheriff's Department, recommending an award on Purchase Order No. 25001733 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$14,142.00 for a joint cooperative purchase of (6) HP ZBook Firefly mobile workstations, each to include docking stations, wireless mice, HP Care Pack Premium Onsite Support (4 year warranty) and HP Care Support Pack (extended warranty) and (12) monitors.

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 BC2025-313 was approved by unanimous vote.

BC2025-314

Cuyahoga County Law Library,

- a) Submitting an RFP exemption, which will result in an award recommendation to West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$72,351.60 for electronic legal research, reference database services and user subscription package for library staff effective upon signature of all parties for a period of 36 months.

- b) Recommending an award and enter into Contract No. 5411 with West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$72,351.60 for electronic legal research, reference database services and user subscription package for library staff effective upon signature of all parties for a period of 36 months.

Funding Source: Cuyahoga County Law Library Resources Board Special Revenue Fund

Kathleen Dugan, Cuyahoga County Law Library, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-314 was approved by unanimous vote.

BC2025-315

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 3676 (fka 2291) with Cleveland Municipal Court for education services for the Domestic Intervention, Education and Training Program for the period 7/1/2021 – 6/30/2025 and for additional funds in the amount not-to-exceed \$85,000.00.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Meredith Turner asked what was the original contract amount, is this an addition to that amount, asked what type of assessments are we doing, how will we know this is right for our guests. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-315 was approved by unanimous vote.

BC2025-316

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$192,000.00 for data collection and evaluation services related to the Cuyahoga County Violence Intervention Project (VIP) Alliance for the period 10/1/2024 – 9/29/2027.
- b) Recommending an award and enter into Contract No. 5408 with Case Western Reserve University in the amount not-to-exceed \$192,000.00 for data collection and evaluation services related to the Cuyahoga County Violence Intervention Project (VIP) Alliance for the period 10/1/2024 – 9/29/2027.

Funding Source: U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) grant

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Robert Schleper asked are these pass through dollars, federal funding within the different departments, do we fund a portion of this, asked how long have we been working with Case Western Reserve on this program, asked is it a new program, and asked have we been happy with Case Western Reserve as a partner with this work. Levine Ross asked with the evaluation and the data collection target are we looking at a specific program, asked what the outcome will be. Michael Houser asked will we be able to view data information collected because it's Case Western or does it fall under confidentiality because it's under

the courts. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-316 was approved by unanimous vote.

BC2025-317

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$400,000.00 for data collection, process and outcome evaluation services for Cuyahoga County Adult Drug Court Expansion Project for the period 10/1/2024 - 9/29/2029.
- b) Recommending an award and enter into Contract No. 5410 with Case Western Reserve University in the amount not-to-exceed \$400,000.00 for data collection, process and outcome evaluation services for Cuyahoga County Adult Drug Court Expansion Project for the period 10/1/2024 - 9/29/2029.

Funding Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) grant

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Michael Houser asked is the \$400,000.00 a part of the 2 million dollar grant, asked why didn't we do it all together, asked why did we break it up, asked will Case receive \$400,000.000 all at one or is it broken down over 5 years, asked what metrics are we using to approve the effectiveness of the adult drug court project, asked does Case check on individuals in the communities to see how they are doing. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-317 was approved by unanimous vote.

BC2025-318

County Prosecutor, submitting an amendment to Contract No. 2548 with Cellebrite, Inc. for the renewal of (6) Universal Forensic Extraction Device 4-PC Ultimate Forensic Software licenses and subscription services to decrypt and extract investigative data from mobile devices for the period 6/18/2022 – 6/17/2025 to extend the time period to 6/17/2028 and for additional funds in the amount not-to-exceed \$467,236.88.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. Robert Schleper asked can you describe what an extraction device is or is this strictly software, asked how many renewals there were, mentioned they were \$80,000.00 each for the license. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-318 was approved by unanimous vote.

BC2025-319

Public Defender's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to JusticeText, Inc. in the amount not-to-exceed \$50,000.00 for the purchase of (1) JusticeText Software Platform license effective upon signatures of all parties through 12/31/2025.

- b) Recommending an award and enter into Contract No. 5395 with JusticeText, Inc. in the amount not-to-exceed \$50,000.00 for the purchase of (1) JusticeText Software Platform license effective upon signatures of all parties through 12/31/2025.

Funding Source: General Fund 93% reimbursed by Office of the Ohio Public Defender

Ashley Stebbins, Public Defender's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-319 was approved by unanimous vote.

BC2025-320

Sheriff's Department, submitting an amendment to Contract No. 4234 with The Hearn Paper Company for the purchase and delivery of toilet paper to the County Jail for the period 5/8/2024 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$79,170.00.

Funding Source: General Fund

Tanisha Gates, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-320 was approved by unanimous vote.

BC2025-321

Sheriff's Department, submitting an amendment to Contract No. 4262 with CLD dba Centerline Dynamics LLC for the purchase of nitrile gloves for the period 4/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$33,840.00.

Funding Source: General Fund

Tanisha Gates, Sheriff's Department, presented. Michael Houser asked was the amount for toilet paper and gloves for the entire jail. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-321 was approved by unanimous vote.

BC2025-322

Medical Examiner's Office, recommending an award and enter into Contract No. 4956 with Versaterm Public Safety US Inc. (fka JusticeTrax Inc.) in the amount not-to-exceed \$269,399.97 for a state contract purchase of (63) each LIMS-Plus and LIMS-Plus Portal (Laboratory Information Management System) software licenses and maintenance services and (25) CIMS software subscription for Consumable Inventory Management System for the period 1/1/2025 – 12/31/2027.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-322 was approved by unanimous vote.

BC2025-323

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4501 with West Side Catholic Center for shelter and rapid rehousing services to families experiencing homelessness throughout Cuyahoga County in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2025 to extend the time period to 5/31/2026, to add Exhibit II-A representing the budget for the amendment term, effective 6/1/2025, and for additional funds in the amount not-to-exceed \$160,584.00.

Funding Source: 62% Health and Human Services Levy Fund and 38% US Department of Housing and Urban Development Rapid Rehousing for Families Grant

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-323 was approved by unanimous vote.

C. – Exemptions

BC2025-324

Department of Health and Human Services/Division of Children and Family Services, recommending to amend Board of Control Approval No. 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.

Funding Source: 66% Health and Human Services Levy Funds and 34% Title IV-E

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked about the difference between a licensed provider and a contracted provider, asked is this \$250,000.00 increase based on need, asked are there specific contractors that we work with, asked are we going to increase dollars to contractors that we currently work with. Michael Chambers asked are you going to extend the master contract value. Paul Porter mentioned the example of a Purchase Order currently covered under this alternative procurement in the agenda. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-324 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-325 through BC2025-326; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-325

Fiscal Department, presenting proposed travel/membership requests for the week of 5/12/2025:

Dept:	Department of Public Works							
Event:	2025 Public Works Expo Conference							
Source:	American Public Works Association							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging**	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Dever	8/16/2025 – 8/20/2025	\$884.00	\$256.00	\$1,061.30	\$926.60	\$0.00	\$3,127.9	Road and Bridge Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The Public Works Expo Conference provides a first-class multi-modal learning experience designed for professionals at all levels and across the entire spectrum of public works. It includes traditional and interactive sessions, seminars, workshops, and networking opportunities.

Dept:	Department of Communications							
Event:	White House State Leadership Conference							
Source:	The White House Office of Intergovernmental Affairs							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Razum	5/19/2025 – 5/20/2025	\$0.00	\$108.00	\$500.00	\$40.00	\$450.00	\$1,098.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The White House Office of Intergovernmental Affairs is requesting your presence at the White House to meet with White House officials and discuss legislative priorities.

Dept:	County Executive's Office							
Event:	White House State Leadership Conference							
Source:	The White House Office of Intergovernmental Affairs							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	5/19/2025 – 5/20/2025	\$0.00	\$108.00	\$500.00	\$40.00	\$450.00	\$1,098.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The White House Office of Intergovernmental Affairs is requesting your presence at the White House to meet with White House officials and discuss legislative priorities.

Dept:	Public Defender's Office							
Event:	NACDL National Forensic College							
Source:	National Association of Criminal Defense Lawyers							
Location:	New York, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Rachel Kalayjian	6/8/2025 – 6/13/2025	\$550.00	\$360.00	\$1,892.96	\$570.00	\$501.97	\$3,874.93	General Fund 93% reimbursed by Office of the Ohio Public Defender
Lauren Esarco	6/8/2025 – 6/13/2025	\$550.00	\$360.00	\$0.00	\$570.00	\$501.97	\$1,981.97	General Fund 93% reimbursed by Office of the Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

The National Forensic College is an advanced, week-long forensic science CLE designed for experienced trial and post-conviction defense attorneys. The Forensic College prepares attorneys to litigate complex forensic science issues strategically with the help of the nation's leading law firms and experts.

Dept:	Medical Examiner’s Office							
Event:	35 th Annual CLIC Technical Training Seminar							
Source:	Clandestine Laboratory Investigating Chemists Association							
Location:	Sydney, Australia							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shaena Taylor	10/18/2025 – 10/25/2025	\$165.00	\$212.00	\$1,125.00	\$281.00	\$1,822.41	\$3,605.41	Coroner Lab Fund to be reimbursed by Grant Funds

*Paid to host

**Staff reimbursement

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

Purpose:

The annual CLIC seminar is known for highly specialized training programs on topics related to clandestine laboratory investigations, forensic chemistry, analytic techniques, and safety programs. The seminar also provides an opportunity to meet other forensic chemists specializing in clandestine laboratory investigations. The type of training offered at a CLIC seminar is unique because of its emphasis on clandestine drug laboratory investigations, analysis, and chemistry.

Shaena is not only presenting at the training seminar this year but is also on the Board of Directors as the Treasurer.

BC2025-326

Department of Purchasing, presenting proposed purchases for the week of 5/12/2025:

Direct Open Market Purchases

(Purchases between \$10.001 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001833	(1) Walk behind concrete saw and various related accessories	Department of Public Works	Colony Hardware Corporation	\$17,810.92	Road & Bridge Fund

25001851	(2) New, never titled 2025 Jeep Compass Latitude 4x4 vehicles	Department of Public Works	Kufleitner Automotive, Inc.	\$61,439.00	General Fund
----------	---	-------------------------------	--------------------------------	-------------	--------------

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25001826	Factory Authorized – Chiller repair services*	Department of Public Works	Trane U.S. Inc.	\$28,005.00	General Fund
25001884	Out-of-home care placement services for the period of 4/1/2025-4/30/2025**	Division of Children and Family Services	Compassion Care Group	\$76,500.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund

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

**Approval No. BC2024-987, dated 12/23/2024, which amended BC2024-77 dated 1/29/2024, 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 – 12/31/2024 in the amount not-to- exceed \$1,000,000.00 by extending the time period to 12/ 31/ 2025 and by changing the amount not-to-exceed from \$1,000,000.00 to \$1,500,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting a Grant Agreement with the City of Cleveland in the amount of \$100,000.00 for the period 10/1/2023 – 9/30/2026 for the Interoperable Communications Improvement Project in connection 2023 Edward Byrne Memorial Justice Assistance Grant.

Funding Source: U.S. Department of Justice, Bureau of Justice Assistance through the City of Cleveland

Item No. 2

Contracts \$0.00 – \$10,000.00 – Processed and executed (no vote required)

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ 7469	2354	Karpinski Engineering, Inc.	For general mechanical-electrical-plumbing, architectural and engineering services	\$0.00	Department of Public Works	5/12/2022-5/11/2025 to extend the time period to 2/28/2026	(Original) General Fund	(Executive) 5/7/2025 (Law) 5/7/2025

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:46 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-327

Title	Public Works - Ohio Desk – Purchase Order – BOE Workstation glass		
Department or Agency Name	Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25001641	Ohio Desk	NA	\$16,656.00	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval of PO 25001641 – to purchase screen-frameless glass to be the dividing panel for 2 work stations at the Board of Elections.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The BOE is requesting this glass to be used at several workstations. This will ensure adequate work environments for the Board of Elections work areas.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Ohio Desk	Jessica Mullen / Workplace Consultant

1122 Prospect Ave. Cleveland, OH 44115	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW600120 / 54300 / 100 / CFSUP0000101
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

BC2025-328

Title	Fresh Water Institute Young Adult Internship Opportunities					
Department or Agency Name		Department of Sustainability				
Requested Action		<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):				

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	5423	The Student Conservation Association	05/19/2025 – 05/18/2027	\$110,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Sustainability plans to contract with Student Conservation Association (“SCA”) to coordinate Fresh Water Institute young adult internship opportunities over a two-year period in the amount of \$110,000.00.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>As an Employer Partner of the NOAA Climate-Ready Workforce initiative, SCA is working with the Ohio State University to train climate-ready workers to fulfill the specialized workforce needs of the water industry in the Great Lakes. The SCA has undertaken job placement tasks and will link trainees with industry partners, offering at least 12 water-related internships designated in the initiative proposal over the course of three (3) years. The internships will provide critical hands-on experience as a complement to the class-based curriculum described in the initiative proposal. Cuyahoga County is providing partial funding for the first two years of the program</p>

(with additional funding provided through Ohio State University's NOAA grant); and a third program year is dependent on additional funding.

SCA is the largest provider of hands-on environmental conservation programs for youth and young adults. SCA is a New York nonprofit corporation authorized to do business in Ohio and with its principal Ohio offices located at 4500 Lee Rd., Suite 225A Cleveland, Ohio 44124.

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

Vendor Name and address:	Owner, executive director, other (specify):
Student Conservation Association, Inc. 4500 Lee Road, Suite 225A Cleveland, Ohio 44124	Joanna Lemmon Organization Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Cuyahoga County received a Congressional Appropriation from Congresswoman Shontel Brown through the U.S. Housing and Urban Development Fresh Water Development Grant of which \$110,000.00 will be used to fund the Student Conservation Association to coordinate a Fresh Water Institute internship program. As this is a subgrant, per procurement procedure, an exemption process is being followed. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% U.S. Housing and Urban Development Cuyahoga County Fresh Water Institute Project Grant EX275105
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): No. But Resolution R2025-0117 amending the 2024/2025 Biennial Operating Budget for 2025 by appropriating the HUD grant in the amount of \$500,000 was passed on March 25, 2025.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

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

BC2025-329

Title	CM4144 - 6 th Amendment- 2025 - INFOR- WFM Platform Upgrade
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM674	Infor US, Inc	10/01/2016-09/30/2026	\$14,358,698.00	10/11/2016	R2016-0141
Deviation	CM674	Infor US, Inc	10/27/2016-10/26/2026	\$0.00	12/20/2017	(Deviation)
A-1	CM674	Infor US, Inc	10/26/2026	\$0.00	02/25/2019	BC2019-150
A-2	CM674	Infor US, Inc	10/26/2026	\$423,430.62	02/10/2020	BC2020-113
A-3	CM674	Infor US, Inc	10/26/2026	\$12,000.00	06/13/2022	BC2022-359
A-4	CM4144	Infor US, Inc	01/01/2023-12/31/2024	\$200,963.52	02/12/2024	BC2024-106
A-5	CM4144	Infor US, Inc	02/12/2024-10/26/2026	\$60,375.00	02/12/2024	BC2024-106
A-6	CM4144	Infor US, Inc	Effective Date-10/26/2026	\$40,949.08	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to amend Contract No.4144 with Infor US for MyTime WFM Platform Upgrade in the amount of \$40,949.08, no additional time.

This amendment will enable the County to partner with Infor, the current vendor and original implementer of the MyTime module, to ensure a stable, upgradable platform moving forward. Due to significant customizations made during the initial implementation, the current system cannot be upgraded without substantial investment of both time and resources. Leveraging Infor's expertise is essential, as they possess the in-depth knowledge of the system architecture and are best equipped to support a successful upgrade.

By engaging Infor for this effort, the County will be able to complete the upgrade in a timely and efficient manner while also positioning the system for easier future upgrades and long-term sustainability.

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

For purchases of furniture, computers, vehicles: ☐ Additional ☐ Replacement

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

The Department of Information Technology intends to amend Contract CM4144 with Infor US Inc. to include a yearly true-up of user licenses and to secure professional support for the upcoming MyTime (Workforce Management) system upgrade.

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

Vendor Name and address:

Owner, executive director, other (specify):

Infor US, Inc.

13560 Morris Road, Suite 4100

Alpharetta, GA 30004

Lee Palmer

President

Vendor Council District:

Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is for 6 th amendment to an already approved and current contract with Infor US, Inc. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Formal RFP <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:
--

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100145
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-330

Title	PASS PROGRAM (PRE-ARREST SUPPORT SERVICES), CITY OF CLEVELAND, COMMUNITY RELATIONS BOARD
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5349	City of Cleveland, Community Relations Board	3/1/2025- 6/30/2026	\$150,000.00	Pending	Pending

Service/Item Description (including quantity if applicable). City shall conduct a Pilot Pre-Arrest Diversion partnership program with the City of Cleveland's First and Fifth Districts. Law Enforcement Officers will provide youth with a citation and make a referral to a pre-arrest support specialist that will assist youth and families under this diversion program. The term starting March 1, 2025, until June 30, 2026 not to exceed \$150,000.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: n/a How will replace items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Trauma informed services, positive youth programming, and other resources identified by the City of Cleveland to address the needs of the family.

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: Community and Government Affairs	Owner, executive director, other (specify):

The City of Cleveland 601 Lakeside Ave. 2 nd Fl Cleveland, Ohio 44114	Angela Shute Woodson, Director of Community Relations.
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

How did pricing compare among bids received? RFP Exemption- County Code 501.12 (D)	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by the RECLAIM Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract negotiations and drafting.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3.1.25
Date documents were requested from vendor:	3.27.25
Date of insurance approval from risk manager:	3.24.25
Date Department of Law approved Contract:	3.27.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

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

HISTORY (see instructions):

BC2025-331

Title	Transitioning Youth and Young Adults out of Foster Care
Department or Agency Name	Cuyahoga County Department of Health and Human Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5352	Third Sector Capital Partners, Inc.	upon signature- January 31,2026	\$195,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

To establish a cross-agency continuous improvement process to improve economic opportunity for Cuyahoga County youth and young adults transitioning out of foster care

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):

1. Map all programs and services in Cuyahoga County that support youth aging out of foster care, ending juvenile justice system involvement and youth transitioning to adult services with ADAMHS and DD systems
2. Develop a strategic resource plan to ensure a comprehensive system is in place to serve all youth transitioning from custody
3. Evaluate evidence-based youth in transitions interventions and services

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Third Sector Capital Partners, Inc. P.O.Box 362004 Boston, MA 02196	Oscar Benitez Managing Director
Vendor Council District:	Project Council District:
7	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (none).

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

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Housing and Urban DeveleopmentPlanning Grant – 46.15%</p> <p>Health Human Services Levy – 53.85%</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>HS220115 – 46.15%</p> <p>HS260100 -46.15%</p> <p>HS260300 -2.6%</p> <p>HS260235 – 2.6%</p> <p>HS260355- 2.6%</p>
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is new to the County
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:

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

HISTORY (see instructions):

BC2025-332

TITLE	COORDINATED ENTRY GRANT – FY24 HOMELESS CONTINUUM OF CARE - REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	--

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.

ORIGINAL (O)	Coordinated Entry	2/1/25 – 1/31/26	\$1,013,070	7/2/24	CON2024-63
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	OHS received a grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. HUD requires each Continuum of Care to establish and operate a centralized or coordinated assessment system referred to as coordinated entry to ensure the prioritization of limited resources toward those most in need. This system is designed to improve efficiency, fairness, and accessibility of crisis response systems within the CoC. Locally this funds Coordinated Intake access, assessment, and administration, as well as housing navigation.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Ensure equitable and streamlined access to housing and services				
	Prioritize assistance for those with the greatest need				
	Improve system-wide efficiency and data-informed decision-making				

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Mental Health Services for Homeless Persons, Inc DBA FrontLine Service
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan Neth, Executive Director 1744 Payne Ave Cleveland, OH 44114
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$687,665

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

SUBRECIPIENT'S NAME AND ADDRESS:	United Way of Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Sharon Sobol Jordan, President and CEO 1331 Euclid Ave Cleveland, OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$215,380
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga Metropolitan Housing Authority
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jeffrey Patterson, Chief Executive Officer 5715 Woodland Ave Cleveland, OH 44104
SUBRECIPIENT'S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$65,000
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

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

	<p>HUD requires a 25% match, which totals \$253,268. This is covered 100% by Health & Human Services Levy funds.</p> <p>These Health & Human Services Levy funds come from OHS' operating budget (HS260350) and consist of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/25 – CM5246) in the amount of \$160,245 as well as a percentage of OHS staff time totaling \$93,023.</p>
--	---

BC2025-333

TITLE	RAPID REHOUSING FOR FAMILIES - FY24 HOMELESS CONTINUUM OF CARE - REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	--

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Rapid Rehousing for Families	6/1/25 – 5/31/26	\$517,613.00	8/26/24	BC2024-624
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	OHS received this grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. Rapid Rehousing for Families is designed to rapidly connect families experiencing literal homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Locally, this funding supports rapid rehousing services in the four CoC family shelters.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Facilitate rapid exit from shelter to permanent housing using a housing-first approach
	Provide ongoing rental assistance and case management to homeless families
	Support housing stability through coordination with community-based resources

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Family Promise of Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jacqueline Salter, Executive Director 3470 E. 152nd Cleveland, OH 44120
SUBRECIPIENT’S COUNCIL DISTRICT:	9
DOLLAR AMOUNT ALLOCATED:	\$55,643.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT’S NAME AND ADDRESS:	Journey Center
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Anne Face, Executive Director P.O. Box 5466 Cleveland, Ohio 44101
SUBRECIPIENT’S COUNCIL DISTRICT:	Confidential location
DOLLAR AMOUNT ALLOCATED:	\$203,130.00

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

SUBRECIPIENT'S NAME AND ADDRESS:	Salvation Army
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Michael Southwick, Secretary 1710 Prospect Ave Cleveland, OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$174,731.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	West Side Catholic Center
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Michael Bernot, Executive Director 3135 Lorain Ave Cleveland, OH 44113
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$60,584.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program

	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	<p>HUD requires a 25% match, which totals \$129,403. This is covered 100% by Health & Human Services Levy funds.</p> <p>These Health & Human Services Levy funds come from OHS' operating budget (HS260350) and consist of a separate line in the existing Rapid Rehousing for Families contracts with West Side Catholic Center (CM 4501) and Family Promise (CM 4498).</p>

BC2025-334

TITLE	RAPID REHOUSING FOR SINGLES - FY24 HOMELESS CONTINUUM OF CARE - REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	--

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Rapid Rehousing for Singles	10/1/25 – 9/30/26	\$584,302.00	8/26/24	BC2024-625
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	OHS received this grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. Rapid Rehousing for Singles is designed to rapidly connect single adults experiencing literal homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Locally this supports rapid rehousing for single adults through the Salvation Army PASS Program.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Facilitate rapid exit from shelter to permanent housing using a housing-first approach
	Provide ongoing rental assistance and case management to homeless single adults
	Support housing stability through coordination with community-based resources

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Salvation Army
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Michael Southwick, Secretary 1710 Prospect Ave Cleveland, OH 44115
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$584,302.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

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

	HUD requires a 25% match, which totals \$146,076. While the county is responsible for ensuring that the match is documented, HUD allows for either the recipient or subrecipient to provide the match. For this grant, Salvation Army provides the cash match.
--	--

C. – Consent Agenda

BC2025-335

Title	East 200 th Street (CR-114) Rehabilitate Existing Roadway from Mohican Avenue to Lakeshore Boulevard (SR-283) in the Cities of Cleveland and Euclid, Ohio		
Department or Agency Name	Public Works		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
Original	CM4478	Terrace Construction Company, Inc.	N/A	\$7,670,965.81	6/18/2024	R2024-0205
AMD #1	4478	Terrace Construction Company, Inc	n/a	\$0	Pending	

Service/Item Description (include quantity if applicable). Indicate whether <input type="checkbox"/> New <u>or</u> <input type="checkbox"/> Existing service or purchase. - The project includes the rehabilitation of 1.3 miles of East 200 th Street from Mohican Avenue to Lakeshore Boulevard including planning of the existing pavement surface, performing pavement repairs as required based on condition, installation of ADA compliant ramps, resurfacing of the roadway, replacement of pavement markings, and replacement and installation of 6,500 feet of water main.		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of? N/A		
Project Goals, Outcomes or Purpose (list 3): (SEE ITEM DESCRIPTION)		

If a County Council item, are you requesting passage of the item without 3 readings. ☒ Yes ☐ No

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

Vendor Name and address:	Owner, executive director, other (specify):
Terrace Construction Com. Inc. 3965 Pearl Road Cleveland, Ohio 4410-9	Jeffrey Nock - President
Vendor Council District:	Project Council District:
District 7	District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	East 200 th Street Euclid Cities of Cleveland and Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ # if applicable <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (8%) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. Federal Funding (23%) , OPWC Funding (13%) , Muni Funding (61%) , County Funding – R&B \$5.00 Fund (2%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2025-336

Title	CM4890/ Housing and Community Development/ Cleveland Mediation Center/ Amendment 1/ Extend End Date
Department or Agency Name	Housing and Community Development
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4890	Cleveland Mediation Center	08/01/2024 – 04/30/2025	\$170,366.00	10/28/2024	BC2024-765
A-1	4890	Cleveland Mediation Center	08/01/2024 – 06/30/2025	\$0.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Housing and Community Development is requesting approval of an amendment to the contract, per the chart above, with Cleveland Mediation Center for Eviction Prevention and a Shelter Mediation Program to extend the end date to June 30, 2025</p>	
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>	
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>	
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> 1. Assist shelter residents and shelter staff to resolve issues that may arise during the provision of shelter 2. Utilize mediation services to promote housing stability for those who are at risk of homelessness 	

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
<p>Cleveland Mediation Center</p> <p>4515 Superior Ave, 2nd Floor</p> <p>Cleveland, OH 44103</p>	<p>Danielle Cosgrove</p> <p>Executive Director</p>
Vendor Council District: 7	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>Due to the expertise that the Cleveland Mediation Center brings to this initiative it is neither necessary nor practical to conduct a new procurement for this service.</p>

	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption <input type="checkbox"/> Other Procurement Method, please describe:
Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	
FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	

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

Provide status of project. Project is ongoing.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Did not receive signed amendment until 5/5/2025	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/2/2025
Date documents were requested from vendor:	5/5/2025
Date of insurance approval from risk manager:	5/6/2025
Date Department of Law approved Contract:	5/5/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Original Contract started 8/1/2024	

HISTORY (see instructions):

BC2025-337

(See related items for proposed travel/memberships for the week of **5/19/2025** in in Section **C** above).

BC2025-338

(See related items for proposed purchases for the week of **5/19/2025** in Section **C** above).

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Replacement of Hilliard Boulevard Bridge 08.57 over Rocky River, Valley Parkway and Trail in the Cities of Lakewood and Rocky River
DEPARTMENT OR AGENCY NAME	Public Works

REQUESTED ACTION	<input type="checkbox"/> Public Convenience and Welfare <input checked="" type="checkbox"/> Agreements related to Public Convenience and Welfare <input type="checkbox"/> Amendments to Agreements related to Public Convenience and Welfare
------------------	--

PROJECT DESCRIPTION:	Replacement of Hilliard Boulevard Bridge 08.57 over Rocky River, Valley Parkway and Trail in the Cities of Lakewood and Rocky River
	Finding that special assessments will neither be levied nor collected to pay for any part of the County's costs of said improvement.
	Requesting authority for the County Executive to enter into and execute the necessary agreement(s) of cooperation with: City of Rocky River
	Project part of NOACA TIP: N/A
ADDITIONAL INFORMATION (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT(S):	1 and 2
PROJECT ANTICIPATED START/END DATES	Construction is anticipated to start Summer of 2027 and be completed by Fall of 2030.
TOTAL PROJECT COST:	\$40,000,000

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	County Road and Bridge \$4,500,000; Federal (LBR) \$27,500,000; Issue 1 \$8,000,000

PROJECT'S CURRENT/HISTORICAL INFO	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL PUBLIC CONVENIENCE AND WELFARE	12-08-2020	R2020-0228

AMENDMENT PUBLIC CONVENIENCE AND WELFARE		
AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE	05-03-2021	CON2021-49 (Lakewood)
AMENDED AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		

Item No. 2

Title	Workforce Innovation and Opportunity Act 2025 Ohio Department of Job & Family Services Subgrant Agreement, Local Workforce Development System Subgrant Agreement	
Department or Agency Name	Greater Cleveland Works	
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O		Ohio Department of Job and Family Services	7/1/19- 6/30/21		June 2 nd , 2019	BC2019-408
A-1			7/1/21- 6/30/23		June 1 st , 2021	BC2021-264
A-2			7/1/23- 6/30/25		July 10 th , 2023	BC2023-438
A-3			7/1/23 – 6/30/25			BC2023-629

Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☒ Existing service or purchase. This Subgrant Agreement between the Ohio Department of Job and Family Service and Local Workforce Area 3 is created pursuant to the Workforce Innovation and Opportunity Act of 2014, to define the roles and responsibilities of the parties with respect to the funds allocated to the Local Workforce Area by ODJFS for the administration of workforce development activities. The agreement start-completion dates are 07/01/25-06/30/2027.

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

Project Goals, Outcomes or Purpose (list 3): This Subgrant Agreement is applicable to all funds allocated to the Local Workforce Area for the operation of the local workforce development system to carry out workforce development activities.

If a County Council item, are you requesting passage of the item without 3 readings. ☐ Yes ☐ No N/A

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: Ohio Department of Job and Family Services	Owner, executive director, other (specify):
---	---

30 East Broad Street, 32 nd Floor Columbus, OH 43215	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT

RQ # *if applicable*

☐ RFB ☐ RFP ☐ RFQ

☐ Informal

☐ Formal Closing Date: N/A

The total value of the solicitation: 0

NON-COMPETITIVE PROCUREMENT

Provide a short summary for not using competitive bid process.

*See Justification for additional information.

☐ Exemption

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

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

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

Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant <i>(No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.</i> N/A	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): N/A	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain): N/A	

Item No. 3

TITLE	Workforce Innovation and Opportunity Act Memorandum of Understanding
DEPARTMENT OR AGENCY	Department of Development

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
------------------	---

CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Local Workforce Area 3 Workforce Development Board	July 1, 2025 – June 30 2027	pending	
Amendment (A)				

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/EXPLANATION OF REQUEST:	The Cleveland/Cuyahoga County Workforce Development Board, Justin Bibb, Mayor of the City of Cleveland and Chris Ronayne, Cuyahoga County Executive, Greater Cleveland Works, and the local required partners enter into this Memorandum of Understanding (MOU)
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Roles
	Responsibilities
	Funding commitments
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Ohio Means Jobs
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Ethan Karp, Chair
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	8
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	1910 Carnegie Avenue Cleveland, OH 44115
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "yes" please explain):

PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	

Item No. 4

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

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
---	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	2024 Violence Against Women Act Block Award	1/1/2025 – 3/31/2026	\$646,331.90 (grant amount) \$764,802.41 (project total)	May 13, 2024	CON2024-47
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Violence Against Women Act (VAWA) is a federal grant aimed at addressing and preventing domestic violence, dating violence, sexual assault, and stalking. It provides various protections, including housing assistance for survivors and criminal penalties for perpetrators, according to the National Archives. It provides protections in areas like housing, immigration, and criminal justice, and promotes community-coordinated responses to violence against women. VAWA's protections apply to everyone, regardless of their sex, sexual orientation, or gender identity. It provides legal aid for survivors of domestic violence.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Supporting emergency shelters and related assistance for victims of domestic violence and their children.</p> <p>Help victims of who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.</p>

	Provide experience advocates to assist victims of domestic violence through the court system.
--	---

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	City of Cleveland Police Dornat A. Drummond, Chief Director of Public Safety
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$114,646.43
PROJECT COUNCIL DISTRICT:	Through Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario Street, Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	City of Cleveland Police Dornat A. Drummond, Chief Director of Public Safety
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$46,931.54
PROJECT COUNCIL DISTRICT:	Through Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario Street, Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	City of Cleveland Prosecution Mark Griffin, Director of Law
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$161,577.97
PROJECT COUNCIL DISTRICT:	Through Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1300 Ontario Street, Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Cleveland Rape Crisis Center Nicole Mckinney Johnson, President and CEO Executive
SUBRECIPIENT'S COUNCIL DISTRICT:	3
DOLLAR AMOUNT ALLOCATED:	\$126,229.42
PROJECT COUNCIL DISTRICT:	3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	2937 West 25 th St., Cleveland, Ohio 44113

LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Cuyahoga County Domestic Relations Court Chris Ronayne, County Executive
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$32,315.60
PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	1 West Lakeside Avenue, Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Journey Center for Safety and Healing Anne Face, Chief Executive Officer
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$113,510.05
PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	P.O. Box 5466, Cleveland, Ohio 44101
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jewish Family Service Association of Cleveland Susan Bichsel, President and CEO
SUBRECIPIENT'S COUNCIL DISTRICT:	9
DOLLAR AMOUNT ALLOCATED:	\$51,100.89
PROJECT COUNCIL DISTRICT:	9
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Eastern suburbs of Cuyahoga County

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY2024 Violence Against Women Block Grant
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	This grant has a local match requirement for government entities. This local match is NOT provided by Cuyahoga County but rather it is an obligation of the sub-recipients receiving the grant funds. Sub-recipients are notified of this obligation before applying (in the Notice of Funding Opportunity.) It is also reiterated in their sub-recipient agreements.

Item No. 5

(See related list of Contracts \$0.00 - \$10,000.00 processed and executed for the week of **5/19/2025** in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT