



**Cuyahoga County Board of Control Agenda
Monday, July 14, 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 – 7/7/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-443

Department of Sustainability, recommending an award and enter into Contract No. 5503 with Nutter Consulting, LLC (497-3) in the amount not-to-exceed \$49,800.00 for consulting services to provide technical assistance for the municipal climate action project, effective upon signatures of all parties through 12/31/2025.

Funding Source: U.S. EPA Climate Pollution Reduction Grant Subaward

BC2025-444

Cuyahoga County Law Library,

- a) Submitting an RFP exemption, which will result in an award recommendation to West Publishing Corporation aka Thomson Reuters in the amount not-to-exceed \$104,382.24 for (30) Ohio print books and book sets for Law Library patrons and staff for the period 8/1/2025-7/31/2028.
- b) Recommending an award and enter into Contract No. 5506 with West Publishing Corporation aka Thomson Reuters in the amount not-to-exceed \$104,382.24 for (30) Ohio print books and book sets for Law Library patrons and staff for the period 8/1/2025-7/31/2028.

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

BC2025-445

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for Trauma Informed Treatment services for Court-referred youth for the period 7/1/2024 – 6/30/2026:

a) To remove a vendor, effective 7/1/2025

Contract No. 4994 with Applewood Centers, Inc.

b) To decrease funds, effective 7/1/2025

Contract No. 5468 (fka Contract No. 4995) with PALS for Healing for a decrease in the amount of (\$10,000.00).

Funding Source: RECLAIM Grant Fund

BC2025-446

Court of Common Pleas/Juvenile Court Division,

a) Submitting an RFP exemption, which will result in an award recommendation to Project Lift Services, in the amount not-to-exceed \$146,300.00 for the Credible Messenger Mentorship and Violence Intervention Program for Court-referred youths ages 13 to 21 identified as moderate to high risk of recidivism for the period 1/1/2025-6/30/2026.

b) Recommending an award and enter into Contract No. 5424 with Project Lift Services Project Lift Services, in the amount not-to-exceed \$146,300.00 for the Credible Messenger Mentorship and Violence Intervention Program for Court-referred youths ages 13 to 21 identified as moderate to high risk of recidivism for the period 1/1/2025-6/30/2026.

Funding Source: RECLAIM Grant Fund

BC2025-447

Clerk of Courts, submitting an amendment to Contract No. 3010 with Midwest Direct Presort Mailing Services, Inc. for electronic certified mail services for the period 1/1/2023-12/31/2024 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$450,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-448

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

Funding Source: General Fund

BC2025-449

Sheriff's Department, submitting an amendment to Contract No. 5499 (fka Contract No.3185) with Lexipol, LLC for a customized Wellness Application for use on all mobile devices in connection with FY2022 Law Enforcement Mental Health and Wellness Act for the period 5/2/2023-5/1/2025 to extend the time period to 12/31/2027, and for additional funds in the amount not-to-exceed \$42,580.65, effective upon signatures of all parties.

Funding Source: 66.7% (\$28,387.10) General Fund and 33.3% (\$14,193.55) Central Security Service-Sheriff Internal Service Fund

BC2025-450

Department of Public Safety and Justice Services, submitting an amendment to Agreement No. 4054 (fka Agreement Nos. 678 and AG1500155) with Chagrin Valley Dispatch Council for sublease of space and equipment in connection with the relocation of the Cuyahoga Emergency Communications System Dispatch Center to Chagrin Valley Dispatch Center, located at 88 Center Street, Bedford, for the period 1/1/2016 – 1/14/2026, to replace Exhibit D with a new Exhibit D-Variable Costs, no additional funds required effective upon signatures of all parties.

Funding Source: General Fund

BC2025-451

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Cleveland Mediation Center in the amount not-to-exceed \$68,106.00 for mediation services to prevent involuntary discharge of residents in emergency shelters in connection with the Continuum of Care program for the period 7/1/2025 – 6/30/2027.
- b) Recommending an award and enter into Contract No. 5492 with to Cleveland Mediation Center in the amount not-to-exceed \$68,106.00 for mediation services to prevent involuntary discharge of residents in emergency shelters in connection with the Continuum of Care program for the period 7/1/2025 – 6/30/2027.

Funding Source: Health & Human Services Levy

C. – Consent Agenda**BC2025-452**

Department of Development, submitting an amendment to a Loan Agreement (via Contract No. 5469 fka Contract No. 4232) with Bellaire-Puritas Development Corporation to provide a County Match Funding Forgivable loan for certain brownfield remediation and cleanup activities associated with the Nathaniel Hawthorne Elementary School Redevelopment Project located at 3575 West 130th Street, Cleveland, Ohio for the period 11/9/2023-11/8/2026 to change the terms of Section 1.10 Loan Forgiveness to add additional loan forgiveness terms, effective upon signatures of all parties.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2025-453

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4685 with Advanced Server Management Group, Inc. (ASMGi) for migration to .gov domain for local government websites for the period 8/15/2024-6/30/2025 to extend the time period to 8/31/2025, and to change the terms for payment of final invoices; no additional funds required, effective upon signatures of all parties.

Funding Source: 85% FY2021 State Homeland Security Grant Fund and 15% FY2022 Urban Area Security Initiative Grant Fund

BC2025-454

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3437 (fka Contract No. 2840) with Maximus Human Services, Inc. for the Ohio Works First Program for the period 1/1/2023-12/31/2025, to amend Exhibit I - Statement of Work to add Exhibit I-AAA representing updates to the scope of work, to replace Exhibits I and II-B - Budget with Exhibit II-C and to make budget line item revisions, no additional funds required, effective 1/1/2025.

Funding Source: Temporary Assistance for Needy Families (TANF)

BC2025-455

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3438 (fka CM2841) with The Centers for Families and Children for the Ohio Works First Program for the period 1/1/2023-12/31/2025, to amend Exhibit I - Statement of Work to add Exhibit I-AAA representing updates to the scope of work, to replace Exhibits II and II-B - Budget with Exhibit II-C and to make budget line item revisions, no additional funds required, effective 1/1/2025.

Funding Source: Temporary Assistance for Needy Families (TANF)

BC2025-456

Fiscal Department, presenting proposed travel/membership requests for the week of 7/14/2025:

Dept:	Department of Public Works							
Event:	Jail Design Workshop							
Source:	Wayne County							
Location:	Detroit, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Nichole English	7/15/2025–7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund

Michael Dever	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund
Matthew Rymer	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The trip will provide an opportunity to see the design of the Wayne County jail and to learn the best practices in jail design and operations.

Dept:	Sheriff's Department							
Event:	Jail Design Workshop							
Source:	Wayne County							
Location:	Detroit, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Philip Christopher	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund
Russell Jaenke	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund
Jim Mackey	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The trip will provide an opportunity to see the design of the Wayne County jail and to learn the best practices in jail design and operations.

Dept:	County Executive's Office							
Event:	Jail Design Workshop							
Source:	Wayne County							
Location:	Detroit, MI							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Laurel Diaz	7/15/2025– 7/15/2025	\$0.00	\$50.00	\$0.00	\$238.00	\$0.00	\$288.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The trip will provide an opportunity to see the design of the Wayne County jail and to learn the best practices in jail design and operations.

BC2025-457

Department of Purchasing, presenting proposed purchases for the week of 7/14/2025:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002586	Various replacement brushes for the broom vehicle at the County Airport	Department of Public Works	M- B Companies, Inc.	\$15,220.80	Airport Operations Fund
25002630	To fit, alter and supply uniforms for the Sheriff's Department Protective Service Officers for the period 7/1/2025 - 12/31/2025	Sheriff's Department	Galls, LLC	\$168,554.00	Federal Equitable Sharing Account
25002351	(10) P25 Radios and various accessories	Department of Public Safety and Justice Services	Vasu Communications, Inc	\$48,337.30	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002575	Factory Authorized – Backhoe repairs*	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$15,786.91	Road and Bridge Fund

25002585	Out-of-home care placement services for the period 5/1/2025-5/31/2025**	Division of Children and Family Services	Compassion Care Group	\$79,050.00	66% Health and Human Services Levy Fund and 34% Title IV-E Reimbursement Fund
25002513	MSY placement services for the period 5/1/2025-6/30/2025***	Department of Health and Human Services/Community Initiatives Division/Family and Children First Council	The Marsh Foundation	\$25,620.00	State MSY Fund

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

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

***Approval No. BC2024-786 dated 10/28/2024, which approved an alternative procurement process which will result in award recommendations to various County agencies and various providers referred by County agencies in the total amount not- to- exceed \$375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi- system needs in connection with Multi- System Youth Program for the period 7/1/ 2024-6/30/2025.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting an amendment to a grant agreement with Ohio Department of Rehabilitation and Correction, Division of Parole and Community Services, Bureau of Community Sanctions for the Local Incarceration Program in connection with FY2026 – 2027 Community Correction Act Grant Program for the period 7/1/2025-6/30/2027, to replace Exhibit A with a new Exhibit A to change the terms of Section 5. b. Pre-sentence Investigation (PSI) Services, no additional funds required, effective upon signatures of all parties.

Funding Source: Ohio Department of Rehabilitation and Corrections (ODRC)

Item No. 2

Sheriff's Department:

- a) Requesting authority to apply for grant funds from The Ohio Attorney General's Office in the amount of \$193,200.00 to improve outcomes for substance-addicted inmates in Ohio jails in connection with the 2025 Opioid Remediation Grant effective upon receipt of funding by the Recipient and end 1 year from issuance of grant funding.
- b) Submitting a Memorandum of Understanding with The Ohio Attorney General's Office in the amount of \$193,200.00 to improve outcomes for substance-addicted inmates in Ohio jails in connection with the 2025 Opioid Remediation Grant effective upon receipt of funding by the Recipient and end 1 year from issuance of grant funding.

Funding Source: Ohio Attorney General

Item No. 3

Department of Public Safety and Justice Services, submitting a Grant Application from Ohio Department of Youth Services for positive youth development services in the amount of \$200,000.00 for the FY2025 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2025 – 6/30/2027.

Funding Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention – Title II Block Grant

Item No. 4

Department of Health and Human Services/Division of Senior and Adult Services, submitting a Subrecipient Agreement with Cuyahoga County District Board of Health in the total amount not-to-exceed \$24,623.00 for various services in connection with the FY2025 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority Aids Initiative for the period 3/1/2025 – 2/28/2026, as follows:

- a) Home and Community Health Care \$19,400.00
- b) Home Health Care \$5,223.00

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

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	3574	The City of Cleveland	For storm and sanitary sewer repair services	\$0.00	Department of Public Works	8/14/2023-8/13/2025 to extend the time period to 8/13/2026	(Original) Revenue Generating	

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0371 Amended to R2025-0188 original approved Other Business Item of Note Item No. 3 3/21/2024	Amendment to LPA Agreement for the resurfacing of Bagley Road from Front Street to Lindbergh Boulevard in the City of Berea to change the initial termini of Front Street to Lindbergh Boulevard, to Lindbergh Boulevard to Beech Street.	\$4,736,111.00	N/A	(Original) \$3,788,888.80 – Federal Fund \$473,611.10 – Road and Bridge Fund \$473,611.10 – City of Cleveland	(Executive) 7/7/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes
Cuyahoga County Board of Control
Monday, July 7, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Levine Ross, County Council (Alternate for Meredith Turner)
Councilmember Michael Houser
Councilmember Robert Schleper

II. – REVIEW MINUTES – 6/30/2025

Michael Chambers motioned to approve the minutes from the June 30, 2025, meeting; Paul Porter 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

BC2025-434

Department of Information Technology, recommending an award on Purchase Order No. 25002524 with SHI International Corp. in the amount not-to-exceed \$108,856.32 for a joint cooperative purchase of (373) Meraki MR Enterprise Subscription Licenses for a period of 5 years for various County facilities.

Funding Source: Capital Improvement Fund

Levan Egriselashvili, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-434 was approved by unanimous vote.

BC2025-435

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in a payment to Medical Mutual Services, LLC in the amount not-to-exceed \$732,274.10 for reconciliation of various invoices received between July 2022 and January 2024 for group healthcare benefits for County employees and their eligible dependents and Cuyahoga County Benefits Regionalization Program participants' employees and their eligible dependents rendered under Contract No. 5149 (fka Contract Nos. 1977, 2290 and 3929) during the contract term of 1/1/2022 – 12/31/2024.
- b) Recommending a payment on Purchase Order No. 25002403 to Medical Mutual Services, LLC in the amount not-to-exceed \$732,274.10 for reconciliation of various invoices received between July 2022 and January 2024 for group healthcare benefits for County employees and their eligible dependents and Cuyahoga County Benefits Regionalization Program participants' employees and their eligible dependents rendered under Contract No. 5149 (fka Contract Nos. 1977, 2290 and 3929) during the contract term of 1/1/2022 – 12/31/2024.

Funding Source: Self-Insurance Fund

Stephen Witt, Department of Human Resources, presented. Stephen Witt commented that during the reconciliation of invoices on the now expired contract we learned that we had over or underpaid on about 12 invoices dating back to 2022. Payments to Medical Mutual are ACH transactions, therefore there is no backup material automatically provided. We learned that Medical Mutual was receiving these payments and applying them to the oldest opened invoices, which led to some of these issues. We have different contracts with Medical Mutual where funds are to be applied for admin fees, medical and stop loss, however their system can't separate the payments. The stop-loss contract is always delayed because Medical Mutual needs the prior full year's experience to set the new rates, causing the admin invoices being short paid. These payments will always be behind. Michael Houser asked has this process been rectified so it doesn't happen again. Stephen Witt commented that we now give a heads up to Medical Mutual when the payment is going through and what invoices the payment is for. So, if there's any discrepancy that they believe, we can catch that ahead of time without requiring a reconciliation. Michael Chambers asked so potentially we will always have a dispute here. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-435 was approved by unanimous vote.

BC2025-436

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5207 (fka Contract Nos. 3911 and 4304) with Cleveland Peacemakers, Inc. dba Cleveland Peacemakers Alliance for mentoring services for Court referred youths ages 11 to 18 with high risk for recidivism for the period 7/1/2023 – 6/30/2026; for a decrease of funds in the amount of (\$8,295.00), effective 7/1/2025.

Funding Source: RECLAIM Grant

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-436 was approved by unanimous vote.

BC2025-437

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Mental Health Services for Homeless Persons, Inc. dba Frontline Services in the amount not-to-exceed \$55,000.00 for evidence-based, trauma-informed treatment of child victims and witnesses of violence in connection with the Defending Childhood Initiative Project effective upon signatures of all parties through 10/31/2025.
- b) Recommending an award and enter into Contract No. 5490 to Mental Health Services for Homeless Persons, Inc. dba Frontline Services in the amount not-to-exceed \$55,000.00 for evidence-based, trauma-informed treatment of child victims and witnesses of violence in connection with the Defending Childhood Initiative Project effective upon signatures of all parties through 10/31/2025.

Funding Source: Health and Human Services Levy Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Levine Ross asked due to the VOCA cuts, do we anticipate, funding coming out of HHS Levy moving forward. Michael Chambers motioned to approve the item; Levine Ross seconded. Item BC2025-437 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-438 through BC2025-442; Michael Houser seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-438

Department of Development, submitting an amendment to a Loan Agreement (via Contract No. 3956) with Kurtz Bros., Inc. to provide a County Match Funding Forgivable loan for certain brownfield remediation and cleanup activities associated with the Warner Road Redevelopment Project located at 5000 Warner Road, Garfield Heights, Ohio for the period 7/12/2023 - 7/12/2026 to change the terms of Section 1.10 Loan Forgiveness to add additional loan forgiveness terms, effective upon signatures of all parties.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2025-439

Department of Sustainability, submitting an amendment to Contract No. 4802 with The Brendle Group, Inc. for updates to emissions inventories and reporting, segmenting data by municipal jurisdictions, preparing forecasting and development of a host site for visualization of greenhouse gas emissions in Cuyahoga County for the period 9/24/2024 – 6/30/2025 to extend the time period to 12/31/2025; no additional funds required effective upon signatures of all parties.

Funding Source: U.S. Environmental Protection Agency Subgrant, passed through the City of Cleveland

BC2025-440

Department of Health and Human Services/Office of the Director, submitting an amendment to Contract No. 2750 with Strada Collaborative, LLC dba InsideTrack for coaching services to Ohio National Guard Scholarship recipients for the Pay for Success Program for the period 10/1/2022 – 4/14/2030 to amend the terms of Article 2, subsection 2.3(c), to permit use of National Student Clearinghouse for data collection, and to replace all prior versions of Exhibit 3 - Outcome Measure Validation Process and Exhibit 4 - Outcome Payment Fee Schedule with amended Exhibits 3 and 4; no additional funds required, effective upon signatures of all parties.

Funding Source: Social Impact Financing Fund

BC2025-441

Fiscal Department, presenting proposed travel/membership requests for the week of 7/7/2025:

Dept:	Department of Public Works							
Event:	The International Bridge Conference							
Source:	Engineers Society of Western Pennsylvania							
Location:	Pittsburgh, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Zachery Williams	7/14/2025 – 7/16/2025	\$495.00	\$150.00	\$319.18	\$180.00	\$0.00	\$1,144.18	Road and Bridge Motor Vehicle Gas Tax
Matthew Franczak	7/14/2025 – 7/16/2025	\$495.00	\$150.00	\$0.00	\$0.00	\$0.00	\$645.00	Road and Bridge Motor Vehicle Gas Tax
Jared Kenney	7/14/2025 – 7/16/2025	\$495.00	\$150.00	\$319.18	\$0.00	\$0.00	\$964.18	Road and Bridge Motor Vehicle Gas Tax

*Paid to host

**Staff reimbursement

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

Purpose:

The conference brings together bridge owners, engineers, senior policy makers, government officials, bridge designers, construction executives and suppliers from throughout the United States. The conference will provide for the opportunity for learning all aspects of bridge design, inspections,

construction and maintenance. Employees will have the opportunity to network and learn from bridge professionals around the country.

Dept:	Department of Sustainability							
Event:	NACO Annual Conference							
Source:	National Associations of Counties (NACO)							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	7/11/2025 – 7/14/2025	\$620.00	\$50.00	\$300.00	\$50.00	\$500.00	\$1,520.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The NACO Annual Conference & Exposition, which will be held at the Pennsylvania Convention Center in Philadelphia, Pennsylvania. NACO attracts 3,000 county leaders – both elected and appointed – from across the country.

Dept:	Sheriff's Department							
Event:	Call Record Detail Analysis							
Source:	National Computer Science Institute							
Location:	Hoover, AL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Danney Nukta	9/21/2025 – 9/25/2025	\$0.00	\$400.00	\$534.48	\$160.00	\$257.00	\$1,351.48	United States Secret Service

*Paid to host

**Staff reimbursement

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

Purpose:

A 3-day course designed for first responders who conduct investigations. This course provides the overall knowledge to understand the elements involving identification, collection, and preservation of call detail records as well as tower dumps, using various tools to process the information. This class

incorporates case studies and labs affording students the opportunity for hands on experience utilizing investigative tactics for the call detailed records analysis process from beginning to end, including authoring digital forensic reports, addressing legal issues, and providing simple explanations of the technical writings. USSS will cover all expenses.

Dept:	Sheriff's Department							
Event:	EFC Level 2 Instructor Certification Course							
Source:	Effective Fitness Combative							
Location:	Evansville, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Courtney Schoger	10/26/2025 - 10/30/2025	\$1,249.00	\$222.00	\$560.00	\$0.00	\$0.00	\$2,031.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

EFC Level 2 Advanced Instructor Certification: Advance your expertise with our Level 2 Advanced Instructor Certification course focusing on Reality Based Training.

This instructor's course aims to provide the learner with the skills to safely and effectively conduct scenario-based, force-on-force training. This level 2 training places learners in a fear- and stress-induced, 420-degree environment to train responses to specific skill-based performance objectives.

Dept:	Medical Examiner's Office							
Event:	International Association for Identification (IAI) 109 th Annual Educational Conference							
Source:	International Association for Identification (IAI)							
Location:	Orlando, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Kate Snyder	8/9/2025 – 8/16/2025	\$820.00	\$480.00	\$1,102.50	\$630.01	\$348.00	\$3,380.51	Coverdell Grant
Amy Koons	8/10/2025 – 8/15/2025	\$910.00	\$360.00	\$787.50	\$465.16	\$277.00	\$2,799.66	Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Workshops and lectures are presented by experts in the field and provide information on matters related to the disciplines. Some of these workshops are presented at the conferences. Additionally, as a board and the forensics photo digital imaging and subcommittee. I will be attending the meetings to discuss the forensic photography and imaging certification program as well as other related topics. This conference and workshop count as continuing education credits that are required to maintain my forensic photography and imaging certification.

BC2025-442

Department of Purchasing, presenting proposed purchases for the week of 7/7/2025:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002355	Lift equipment rentals on an as needed basis for various County buildings	Department of Public Works	Sunbelt Rentals, Inc.	Not-to-exceed \$49,999.00	General Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

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
RQ47759 (Buyspeed)	4614 (fka CM 1553 and Purchase Order No. 20002002	The Osborn Engineering Company	To provide general mechanical, electrical, plumbing, architectural, and engineering services	\$0.00	Department of Public Works	6/17/2020-7/1/2025 to extend the time period to 6/30/2026	(Original) General Fund	(Executive) 6/26/2025 (Law) 6/30/2025
NA	2445	Cuyahoga County Board of Health	To continue the County's COVID-19 public health response and support lead	\$0.00	Office of Innovation and Performance	7/5/2022-7/4/2025 to extend the time period to 12/31/2026	(Original) General Fund – American Rescue Plan Act Revenue	(Executive) 6/26/2025 (Law) 6/26/2025

			remediation of housing units in suburban Cuyahoga County				Replacement (ARPA)/ Provision of Government Services	
RQ14858	4847	Galls, LLC	To provide Law Enforcement Uniforms to update the terms of Exhibit 2 Budget, effective upon signatures of all parties.	For additional funds in the amount-not-to-exceed \$7,633.50	Sheriff's Department	1/1/2025-12/31/2027	(Original) General Fund	(Executive) 6/26/2025 (Law) 6/26/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0321 Original approved Other Business Item of Note Item No. 2 4/14/2025	Amendment to LPA Agreement with Ohio Department of Transportation in connection with reconstruction of the Lake Road – Clifton Boulevard Project in the Cities of Lakewood and Rocky River in connection with the Cuyahoga County Lakefront Access Plan to change the maximum funding limit for the project. Council Districts 1 and 2	\$10,941,271.00	\$10,941,271.00	(Original) 25% County Motor Vehicle \$7.50 License Tax Funds 13% City of Lakewood 4% City of Rocky River 58% Northeast Ohio Areawide Coordinating Agency (NOACA)	(Executive) 6/30/2025

Item No. 2

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 5/1/2025 – 5/31/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “7/8/25 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

There was no Public Comment

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Robert Schleper seconded. The motion to adjourn was unanimously approved at 11:11 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-443

Title	Technical Assistance for Climate Action		
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	CM5503	Nutter Consulting, LLC	07/14/2025 – 12/31/2025	\$49,800.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The County plans to contract with Nutter Consulting, LLC. to help develop materials and engage Cuyahoga County municipalities, to assist city officials in understanding local climate change issues, and to better prepare them to implement climate-related policies and practices. These engagements will use the jurisdiction specific GHG inventories to inform municipal engagement efforts.</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>Cuyahoga County is currently in the process of compiling a 2022 scope 1 and scope 2 greenhouse gas inventory for the County, which will also be segmented for each municipality in the County. A similar GHG inventory was completed for the years 2010 through 2020. This data will provide trends for each municipality. Cuyahoga County is also in the process of updating its Climate Action Plan. However, some levers for climate action and resilience reside within municipal governments. Providing greenhouse gas inventory data, technical assistance, support and collaboration will help the County and the municipalities to collectively implement climate action for the benefit of our health, economy, and communities. Greenhouse gas data helps municipalities to know where the biggest impacts and opportunities are. However, technical assistance would allow municipalities to determine which mitigation and resilience strategies are most meaningful for them, and how to implement them most effectively. Some resources will be broadly applicable, while others will be specific to the needs of a community.</p>

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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):
Nutter Consulting, LLC 3145 Geary Boulevard, #464 San Francisco, California 94118	Melanie Nutter, Owner
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 checked="" type="checkbox"/> RFQ <input checked="" 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) 564 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

BC2025-444

Title	Cuyahoga County Law Library Contract with West Publishing Corporation dba Thomson Reuters for 30 print Ohio books/book sets, 8/1/25-7/31/28
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Department or Agency Name	Cuyahoga County Law Library
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		West Publishing Corporation, dba Thomson Reuters	8/1/25- 7/31/28	\$104,382.24	Pending	Pending

Service/Item Description (include quantity if applicable). 30 print Ohio books and book sets for patrons and staff for 3 years.
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 primary goal is to provide Law Library staff with high quality, current, and authoritative print legal research materials from Ohio for patrons and staff to use to conduct legal research.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: West Publishing Corporation, dba Thomson Reuters,	Owner, executive director, other (specify): Chad Houghton, Government Print Retention Account Manager
Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input 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 Law Library has an exemption from competitive procurement for the purchase of books and literature.

	*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 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. N/A	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% from the Cuyahoga County Law Library Resources Board Fund (special revenue)
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. LL285100
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. It has not yet begun
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: N/A
Timeline

Project/Procurement Start Date (date your team started working on this item):	5/6/25
Date documents were requested from vendor:	5/23/25
Date of insurance approval from risk manager:	6/25/25
Date Department of Law approved Contract:	Pending
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) N/A	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-445

Title	CONTRACT AMENDMENT FOR TRAUMA INFORMED TREATMENT SERVICES
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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)	4995	PALS for Healing	7/1/2024-6/30/2026	\$40,000.00	11/25/2024	BC2024-869
(A-1)	5468/4995	PALS for Healing	7/1/2024-6/30/2026	(\$30,000.00)	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). The vendor shall also provide an evidence-based informed treatment approach as it pertains to victims of human trafficking. Cuyahoga County Court of Common Pleas, Juvenile Division plans to amend Contract No. 4994 with P.A.L.S, to reduce the funds in the amount of \$10,000.00 for the time- period from July 1, 2025, through June 30, 2026, for Trauma Informed Treatment Services. This changes the not-to-exceed value of the contract from \$40,000 to \$30,000.00.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3): Provide community-based services to a specific population of youth and decrease the number of youths on this docket who are AWOL from home.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: PALS for Healing 4700 Rockside Rd. 135 Independence, Ohio 44131	Owner, executive director, other (specify): Misty Ramos- Saviano, Executive Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.16.25
Date documents were requested from vendor:	5.28.245
Date of insurance approval from risk manager:	5.27.25
Date Department of Law approved Contract:	5.27.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-446

Title	CREDIBLE MESSENGER VIOLENCE INTERVENTION PROGRAM - PROJECT LIFT		
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.
(O)	5424	Project Lift	1/1/2025- 6/30/2026	\$146,300.00		

Service/Item Description (include quantity if applicable).

Trauma-Informed Violence Reduction Model, which incorporates a restorative justice approach and Credible Messenger Mentoring to address key risk factors to youth violence for a term starting January 1, 2025, through June 30, 2026, for Credible Messenger Violence Intervention Program in the amount not to exceed \$146,300.00.

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

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

Project Goals, Outcomes or Purpose (list 3): The vendor will implement a trauma-focused model to address underlying triggers related to violence and aggression for youth, which often stem from unresolved trauma and grief.

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: 4415 Euclid Ave Suite 315 Cleveland, Ohio 44103	Owner, executive director, other (specify): LaToya Logan CEO Founder
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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 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. This contract is 100% funded and written in the RECLAIM grant agreement.
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: The delay is due to the notification of the RECLAIM Grant, award process, and vendors' delay in returning documents and Court's new legal staff.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3.25.25
Date documents were requested from vendor:	4.25.25
Date of insurance approval from risk manager:	4.6.25
Date Department of Law approved Contract:	4.25.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

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

HISTORY (see instructions):

BC2025-447

Title	Clerk of Courts Amended Contract – Midwest Presort Mailing Services – Contract #3010
Department or Agency Name	Clerk of Courts
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)	3010	Midwest Direct Presort Mailing Services, Inc.	1/1/23 – 12/31/24	\$450,000	3/20/23	BC2023-170
(A-1)	3010	Midwest Direct Presort Mailing Services, Inc.	1/1/25 – 12/31/2026, effective upon signatures of all parties	\$450,000	Pending	Pending

Service/Item Description (include quantity if applicable). Complete mail house services for Clerk of Courts Office.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Complete mail house service for Clerk of Courts Office to fulfill statutorily mandated service//mailing requirements.

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: Midwest Presort Mailing Services	Owner, executive director, other (specify): Sean M. Gibbie

2222 West 110 th Street, Cleveland, Ohio 44102	
Vendor Council District: n/a	Project Council District: n/a
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Sole Source – only local mail house that offers complete service. *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) – Sole Source <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% 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. CC100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Service has been in place since 2015	
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: Late start on amending contract. Needed to request updated documents from vendor. Required to re-submit updated documents and updated forms multiple times.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	The COC began working on the amendment in September of 2024
Date documents were requested from vendor:	September 2024
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	5/8/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: item was disapproved in InFor but never received notice stating it was disapproved	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Service has been in place since 2015	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) payment is made in 3 rd /4 th quarter every year	

HISTORY (see instructions): see chart above

BC2025-448

Title	CORRECTIONS STAFFING ANALYSIS 1 st AMENDMENT
Department or Agency Name	SHERIFF'S
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	4877	PRACTICAL SOLUTIONS	12 months from the effective date	49,420.00	11/12/24	BC2024-822
A-1	5116	PRACTICAL SOLUTIONS	12 months from the effective date	19,200.00	Current Item	

Service/Item Description (include quantity if applicable). 1 st AMENDMENT FOR AN ANALYSIS TO BE COMPLETED FOR THE SHERIFF'S CORRECTIONS DEPARTMENT BY PRACTICAL SOLUTIONS FOR PUBLIC SAFETY.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3):

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):
PRACTICAL SOLUTIONS FOR PUBLIC SAFETY 315 QUEENS RD. MYRTLE BEACH, SC 29572	KAREN ALBERT, 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. Current contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% GENERAL 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. FS100600 – 55030 - CFCCC0000401
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):	JUNE 2025
Date documents were requested from vendor:	JUNE 2025
Date of insurance approval from risk manager:	JUNE 2025
Date Department of Law approved Contract:	JUNE 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
CURRENT CONTRACT	

HISTORY (see instructions): see chart above

BC2025-449

Title	CM #5499 fka 3185/Lexipol LLC for Wellness App ext to 12/31/2027 adding \$42,580.65
Department or Agency Name	Sheriff

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3185	Lexipol, LLC	5/2/2023- 5/1/2025	\$36,000.00	5/1/2023	BC2023-276
A1	5499	Lexipol, LLC	5/2/2025- 12/31/2027	\$42,580.65	Pending	Pending

Service/Item Description (include quantity if applicable). The Sheriff's Department is requesting amend contract with Lexipol LLC for the continuation of the Wellness App to provide support services to Law Enforcement, Protection Service Officers, and Jail Employees from 5/2/2025 to 12/31/2027.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): Lexipol LLC will be providing a Wellness App to Law Enforcement, Protection Service Officers and Correction Officers for resources and links to help enable individuals to find resources to confidential, relevant, and effective wellness resources including a complete range of self-assessments as well as continuously updated videos, guides, and articles on more than 60 behavioral health topics. The app also includes resources to support fitness, nutrition, and injury prevention.

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):
Lexipol, LLC 2611 Internet Blvd., Suite 100 Frisco, TX 75034	Brad Herm, Senior Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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) IBID <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 5/22/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 66.7% (\$28,387.10) General Fund and 33.3% (\$14,193.55) Central Security Service-Sheriff Internal Service Fund General Fund Law Enforcement 33.3% Jail 33.4 % Internal Service Fund Central Security Service – Sheriff 33.3%

Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH100115 - \$14,193.55 SH100140 - \$14,193.55 SH745100 - \$14,193.55
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The original contract was for the Law Enforcement Division of CCSD. Command staff was researching the options of adding Jail and PSO's to the contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/30/2025
Date documents were requested from vendor:	5/15/2025 & 5/27/2025
Date of insurance approval from risk manager:	6/20/2025
Date Department of Law approved Contract:	5/23/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) The original contract was for the Law Enforcement Division of CCSD. Command staff was researching the options of adding Jail and PSO's to the contract.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-450

Title	2023 – Public Safety & Justice Services/Chagrin Valley Dispatch Council – 3rd Amendment to Contract #678
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A	678 (Copied to CM 4054)	Chagrin Valley	1/1/2016-1/14/2026	0.00	Pending	Pending

		Dispatch Council				
A	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	-\$70,749.00	5/8/2023	BC2023-291
A	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$172,628.92	11/10/2020	BC2020-601
O	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$3,712,818.95	1/4/2016	R2015-0255

Service/Item Description (include quantity if applicable).

Chagrin Valley Dispatch Council sub-leases its space and equipment to the Cuyahoga Emergency Communications System (CECOMS). This amendment is reallocating unused funds from earlier in the contract to reimburse CVDC for Motorola radio console maintenance costs. The total contract value will not change. The start-completion dates remain 1/1/2016-1/14/2026.

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):

- Reallocate funds from earlier in the contract
- Continue payments to CVDC at no change in contract value
- Reimburse CVDC for the Motorola Radio Console Costs

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):
Chagrin Valley Dispatch Council 88 Center Rd. Suite B 100 Bedford, OH 44146	Kristen Holzheimer, President
Vendor Council District:	Project Council District:
District 9	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)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	NA – This is an amendment *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
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 – Government Purchase <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% 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. PJ100115 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Annually

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.
A	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	-\$70,749.00	5/8/2023	BC2023-291
A	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$172,628.92	11/10/2020	BC2020-601
O	678 (Copied to CM 4054)	Chagrin Valley Dispatch Council	1/1/2016-1/14/2026	\$3,712,818.95	1/4/2016	R2015-0255

BC2025-451

Title	OHS; Cleveland Mediation Center; 2025-2027 Shelter Mediation Contract
Department or Agency Name	Office of Homeless 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	5492	Cleveland Mediation Center	7/1/25 – 6/30/27	\$68,106.00	pending	pending

Service/Item Description (include quantity if applicable).

Cleveland Mediation Center CMC mediates conflicts with residents of emergency shelters located within the Cuyahoga County Continuum of Care to prevent involuntary discharges from the shelter that would result in individuals or families returning to the streets or places not fit for habitation.

This is a new contract for an existing service in the amount of \$68,106.00 for the term of 7/1/25 – 6/30/27.

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):

- Decrease the number of individuals and families returning to the streets or places not fit for human habitation as a result of involuntary discharges from Continuum of Care homeless shelters
- Increase communication skills between shelter residents and shelter staff
- Increase shelter residents' conflict management skills

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Mediation Center 4515 Superior Ave Cleveland, OH 44103	Danielle Cosgrove Executive Director
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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. RFP exemption *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health & Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350
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. 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: Contract was assigned to DCAP on 6/17/25. Several items on vendors COI were either out of date, missing or expired. Time was needed for vendor to get proper coverage and have time to review draft contract for signature.
Timeline

Project/Procurement Start Date (date your team started working on this item):	6/17/25
Date documents were requested from vendor:	6/17/25
Date of insurance approval from risk manager:	6/27/25
Date Department of Law approved Contract:	6/27/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C. – Consent Agenda

BC2025-452

Title	2025 – CM5469; Department of Development; Amendment; Bellaire-Puritas Development Corporation; Brownfield Matching Forgivable Loan
Department or Agency Name	Department of Development
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Other (please specify): Amendment

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	4232/ 213032	Bellaire-Puritas Development Corporation	11/9/23 – 11/8/26	283,000	7/18/2022 12/9/2022	BC-2022-444 R2022-0405
A-1	5469/ 213032	Bellaire-Puritas Development Corporation	11/9/23 – 11/8/26	\$0.00	Pending	Pending

<p>Loan Description and Terms.</p> <p>The Department of Development is seeking to amend the terms of the Loan Agreement detailed above so that the loan forgiveness provisions are consistent with the approved resolution. No additional funds or time are being requested.</p>
<p>Project Purpose/Goals, Outcomes(List 3):</p> <p>The County Brownfield Funding Match is to provide final gap funding (up to a maximum of 25% of the application's total remediation project's cost) in concert with the State of Ohio's Remediation financing (up to 75%) of the project. The purpose of this project is related to remediation of recognized environmental concerns, primarily contaminated soil removal from the former Hawthorne Elementary School site located at 3575 West 130th in Cleveland to support the development of a residential project.</p>

If a County Council item, are you requesting passage of the item without 3 readings. <input type="checkbox"/> Yes <input type="checkbox"/> No

In the boxes below, list Borrower/Vendor, 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):
Bellaire-Puritas Development Corporation 14703 Puritas Avenue Cleveland, OH 44135	Bryan Gillooly, Executive Director
Vendor Council District: 2	Project Council District: 3
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: \$0.00	<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) ALTERNATIVE PROCUREMENT

<p>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></p> <p>The project noted above is 100% General Fund due to ARPA</p>	
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>	
<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):</p>	
<p>Provide status of project.</p>	
<p>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</p>	
<p>Reason:</p>	
<p>Timeline:</p> <p>Project/Procurement Start Date (date your team started working on this item):</p>	
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:	
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:</p>	
<p>If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	
<p>Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	
<p>HISTORY (see instructions):</p>	
<p>See Table above.</p>	

BC2025-453

Title	PSJS; Advanced Server Management Group, Inc. “ASMGi”; Contract Amendment #2 for Migration to .gov Domain for Local Government Websites; Extension for time only through August 31, 2025
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
A #2	4685	ASMGi	8/15/24- 8/31/25	\$0.00	Pending	Pending
A #1	4685	ASMGi	8/15/24- 6/30/25	\$0.00	2/24/25	Item No. 7
O	4685	ASMGi	8/15/24- 2/14/25	\$116,400.00	8/13/24	BC2024-591

<p>Service/Item Description (include quantity if applicable).</p> <p>Requesting approval of a contract amendment with ASMGi in the amount of \$0.00 to extend the time period of the contract through August 31, 2025. ASMGi is working on migrating Ohio Region 2 (Ashtabula, Cuyahoga, Geauga, Lake and Lorain Counties) municipality websites to the .gov domain. We are requesting an extension to continue working to reach our goal of migrating 34 websites to the .gov domain.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): Migrate participating municipalities websites to a .gov domain Increase cyber security measures through this migration</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Advanced Server Management Group, Inc. "ASMGi" 800 Superior Ave., E. Suite 1050 Cleveland, OH 44114	Steven H. Roesing President, CEO
Vendor Council District:	Project Council District:
District 7	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT *For initial contract*	NON-COMPETITIVE PROCUREMENT
RQ# 14045 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 3/22/24	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$116,400.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 66 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: July 18, 2024, 2024-TAC-058
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. State Homeland Security Grant FY21 – 85% Urban Area Security Initiative Grant FY22 – 15%
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. PJ280135 (PJ-21-SHSP) – \$98,400.00 PJ280125 (PJ-22-UASI) – \$18,000.00
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2025-454

Title	2025; Contract Amendment 4- RQ 10161; MAXIMUM Human Services, Inc., - Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF)
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	2840	MAXIMUS Human Services, Inc.	1/1/2023 – 12/31/2023	\$2,718,017.12	8/18/2022	R2022-0440
(A-1)	3437	MAXIMUS Human Services, Inc.	1/1/2023 – 12/31/2023	\$141,000.00	7/5/2023	BC2023-417
(A-2)	3437	MAXIMUS Human Services, Inc.	1/1/2024 – 12/31/2024	\$2,823,646.75	12/5/2023	R2023-0328
(A-3)	3437	MAXIMUS Human Services, Inc.	1/1/2025 – 12/31/2025	\$2,823,646.75	12/10/2024	R2024-0422
(A-4)	3437	MAXIMUS Human Service, Inc.	1/1/2025- 12/31/2025	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of a contract amendment 4 with MAXIMUS Human Services, Inc. to revise the budget and statement of work effective 1/1/2025-12/31/2025.		
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A		

<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> • Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions. • Ensure meaningful client participation in required work and work-related activities. • Leverage the resources of the workforce development system in Cuyahoga County.
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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):
MAXIMUS Human Services, Inc. 1600 Tysons Blvd. Suite 1400 McLean, VA 22102	Tirhas Wubneh, Vice President
Vendor Council District: Out of State Vendor	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __10161____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 8/18/2022	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$2,718,017.08	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.	<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? N/A	<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: N/A	<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) CM 3437
N/A	<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% Funded by Temporary Assistance for Needy Families
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. Accounting Unit: HS260195; Account Number: 55130; Activity Code: UCH08300
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. Recurring service/purchase.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The untimely submission of this contract was mainly impacted by lengthy budget negotiations between the vendor, DCAP and CJFS in an effort to maximize the budget. DCAP had to wait until amendment 3 was executed before we could begin the new amendment process and explore feasible budget adjustments. The initial budget meeting was on 2/12/25 and final approval from CJFS was received on 4/16/25. The contract is retroactive to 1/1/25 to secure covered services in the most effective way.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/12/2025
Date documents were requested from vendor:	3/18/2025
Date of insurance approval from risk manager:	6/17/2025
Date Department of Law approved Contract:	6/17/2025
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

BC2025-455

Title	Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) - 2025
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2841 (Original Contract)	The Centers for Families and Children	1/1/2023 – 12/31/2023	\$3,750,000.00	12/6/2022	R2022-0440
A-1	3438 (<i>New Contract</i>)	The Centers for Families and Children	1/1/2023 – 12/31/2023	\$141,000.00	7/5/2023	BC2023-417
A-2	3438	The Centers for Families and Children	1/1/2024 – 12/31/2024	\$3,862,500.00	12/7/2023	BC2023-0328
A-3	3438	The Centers for Families and Children	1/1/2025 – 12/31/2025	\$3,862,500.00	12/10/2024	R2024-0422
A-4	3438	The Centers for Families and Children	1/1/2025 – 12/31/2025	0.00	Pending	Pending

Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of contract amendment 4 with The Centers for Families and Children to revise the budget and statement of works effective 1/1/2025 to 12/31/2025.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions. • Ensure meaningful client participation in required work and work-related activities. • Leverage the resources of the workforce development system in Cuyahoga County

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44103	Eric Morse, CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>10161</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 8/18/2022	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$3,750,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.	<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. N/A 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: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) 3438 <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Temporary Assistance for Needy Families
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260195/55130/UCH08300
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. Existing service/purchase	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The untimely submission of this contract was mainly impacted by lengthy budget negotiations between the vendor, DCAP and CJFS in an effort to maximize the budget. DCAP had to wait until amendment 3 was executed before we could begin the new amendment process and explore feasible budget adjustments. The initial budget meeting was on 2/12/25 and final approval from CJFS was received on 4/16/25. The contract is retroactive to 1/1/25 to secure covered services in the most effective way.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/12/2025
Date documents were requested from vendor:	3/18/2025
Date of insurance approval from risk manager:	3/15/2022
Date Department of Law approved Contract:	6/17/2025
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-456

(See related items for proposed travel/memberships for the week of 7/14/2025 in Section C above).

BC2025-457

(See related items for proposed purchases for the week of 7/14/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Amendment 1 FY2025-2027 LOCAL INCARCERATION PROGRAM (LIP) GRANT
DEPARTMENT OR	Sheriff's Department

<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).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections Act Grant	7/1/2025 – 6/30/2027	\$420,008.00	6/17/2025	CON2025-59
				7/26/2012	FY13 (CPB2012-683)
				7/17/2013	FY14 (CPB2013-538)
				7/10/2014	FY15 (DC2014-118)
				6/23/2015	FY16 (BC2015-274)
				7/12/2016	FY17 (BC2016-529)

				2/21/2018	FY18 (CON2017-50)
				Note: grant changed from annual to biennial which is why there is no FY19 grant.	
				7/22/2019	FY20-21 (BC2019-546)
				6/14/2021	FY21-23 (CON2021-64)
				8/1/2023	FY23-24 (CON2023-83)
				10/3/2023	FY23-24 (CON2023-99)
AMENDMENT (A-1)	CCA 2.0 Grant Exhibit A	No change	No change		
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The State is requesting that a different Exhibit A be swapped out with the Exhibit A that was previously executed. Language related to the completion of Pre-sentence Investigation Services (PSI) reports was previously omitted (Section 5b).			
		The LIP grant in Cuyahoga County is conducted with the support of the Corrections Planning Board since 2013. This local sentencing option may be ordered at sentencing or probation violation hearing for felony offenders. The LIP grant aims to decrease prison intakes by allowing offenders with short-term sentences to serve their time locally, keeping them closer to home and enabling easier reentry upon release. By not sending offenders to prison and holding them locally reduces recidivism rates to these low-level risk offenders. This sentencing program also helps offenders avoid being assigned a state prison number, which decreases employment opportunities upon their release. This grant provides the County with funds to help cover the costs of holding these offenders. The grant period is July 1, 2025 to June 30, 2027.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		1) Divert eligible offenders from entering state prison system			
		2) Keep eligible offenders closer to home & family			
		3) Reimbursement of cost of CCSD Correctional Officers			

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

PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Rehabilitations and Corrections
	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.
	N/A

Item No. 2

TITLE	Opioid Remediation Grant MOU AGO Contract #16491
DEPARTMENT OR AGENCY NAME	Sheriff's Department

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Opioid Remediation Grant 2025	7/15/2025 – 7/15/2026	\$193,200.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Opioid Remediation Grant's purpose is to improve outcomes for substance-addicted inmates in Ohio Jails by prioritizing addiction treatment in jails and reducing the number of fatal overdoses. According to the Ohio Attorney General's Office, opioid/substance abuse was the second leading cause of death of incarcerated individuals in Ohio jails.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Hire three (3) Peer Navigators to support the work of medical professionals by: building trust and rapport; providing motivational support through the use of motivational interviewing techniques; serving as a link to treatment and services (i.e., counseling, 12-step groups, or medication-assisted treatment); managing continuity of care (i.e., assist in creating discharge plans; and supporting community reentry (i.e., assist in developing discharge plans that refer individuals to community programs).			
		Link Peer Navigators to county jail residents requesting services while incarcerated and engaged with the Addiction Medicine Team and the Cuyahoga County Drug Court Program.			
		Continue Peer Navigators' services to program participants after their release from the county jail - back into the community – in effort to bridge services gaps that reduce recidivism, provide cost-effective public health intervention, and link participants with employment opportunities.			

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

PROJECT COUNCIL DISTRICT:	7
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PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.
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FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Attorney General
	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.
	N/A

Item No. 3

TITLE	Authority to Apply for FY25 Title II Juvenile Justice and Delinquency Prevention Act Application.
DEPARTMENT OR	Cuyahoga County Public Safety and Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY25 Title II Juvenile Justice Delinquency and Prevention Application	10/1/2025 – 6/30/2027	\$200,000.00	9/23/2024	BC2024-695
AMENDMENT (A-1)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Title II Juvenile Justice and Delinquency Prevention (JJDP) Act Grant provides an annual grant to each state to improve its juvenile justice system and to support juvenile delinquency prevention programs. JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal				

	standards for care and custody, while also upholding the interests of community safety and the prevention of victimization.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Positive Youth Development (PYD) Programs that use a “prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive.
	Positive Youth Development (PYD) Recognizes, utilizes, and enhances young people’s strengths/ and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on leadership strengths.
	Racial and Ethnic Disparities (RED) programs that reduce and/or prevent a minority youth from engaging in delinquent behavior leading to subsequent contact with the juvenile justice system.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.

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

Item No. 4

TITLE	2025-2026 Ryan White HIV/Aids Treatment- Partial Agreement-DSAS
DEPARTMENT OR AGENCY NAME	Department of Senior and Adult Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ryan White Part A Partial Contract HIV/Aids	3/1/2025- 2/28/2026	\$24,623.00	7/22/2024	CON2024-70
AMENDMENT (A-1)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Services to be provided include Home and Community-Based Health Services and Home Health Care in connection with FY2019 Ryan White HIV/AIDS Treatment Extension Act Part A program and minority aids initiative.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		They will provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Mr. Roderick Harris, PHD Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 4
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	This is being paid by the Cuyahoga County Board of Health
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	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.
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Item No. 5

(See related list of Contracts \$0.00 - \$10,000.00 and Various Agreements – processed and executed for the week of **7/14/2025** in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT