



**Cuyahoga County Board of Control Agenda  
Monday, July 21, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 7/14/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-458**

Department of Public Works/Division of Public Utilities, submitting an amendment to Contract No. 4502 with JCS Consulting Group Inc. for assistance with strategic and tactical planning services in connection with the Euclid and Brooklyn microgrid design projects for the period 6/4/2024-2/28/2026, for additional funds in the amount not-to-exceed \$30,000.00, effective upon signatures of all parties.

Funding Source: Funding Source: U.S. Department of Energy Grant

**BC2025-459**

Department of Public Works, recommending an award and enter into Contract No. 5440 with Clark Anthony Construction, L.L.C (78-1) in the amount not-to-exceed \$200,000.00 for automatic door repairs and preventative maintenance for various County locations, effective upon signatures of all parties for a period of 2 years.

Funding Source: General Fund

**BC2025-460**

Department of Public Works/Division of Public Utilities,

- a) Submitting an RFP exemption, which will result in an award recommendation to CEP Renewables OH, LLC in the amount not-to-exceed \$56,150.00 for consultation services to perform certain Geotechnical

Engineering Services related to a Harvard Landfill Solar Development Slope Stability Study, effective upon signatures of all parties through project completion.

- b) Recommending an award and enter into Contract No. 5494 with CEP Renewables OH, LLC in the amount not-to-exceed \$56,150.00 for consultation services to perform certain Geotechnical Engineering Services related to a Harvard Landfill Solar Development Slope Stability Study, effective upon signatures of all parties through project completion.

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

**BC2025-461**

Department of Public Works, recommending an award and enter into Contract No. 5509 with Patriot Industrial Technologies, LTD. (84-3) in the amount not-to-exceed \$150,000.00 for water treatment chemicals and services for boiler and air conditioning equipment at various County buildings, effective 10/1/2025-9/30/2028.

Funding Source: General Fund

**BC2025-462**

Department of Information Technology, recommending an award on Purchase Order No. 25002502 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$287,409.00 for a state contract purchase of (23) Cisco Catalyst Routers, each including Cisco Smart Net Total Care services and related accessories and licenses for use at various County facilities.

Funding Source: Capital Projects Fund

**BC2025-463**

Department of Public Safety and Justice Services, recommending awards and enter into Agreements and Contracts with various providers for various services in connection with the FY2024 STOP Violence Against Women's Act Block Grant for the period 1/1/2025 – 12/31/2025:

- a) Agreement No. 5384 with City of Cleveland in the amount not-to-exceed \$114,646.43 for the Cleveland Domestic Violence Project, Cleveland Police.
- b) Agreement No. 5385 with City of Cleveland in the amount not-to-exceed \$46,931.54 for the Cleveland Sexual Assault Advocate Project.
- c) Agreement No. 5386 with City of Cleveland in the amount not-to-exceed \$161,577.97 for the Cleveland Domestic Violence Project, Office of Prosecution.
- d) Contract No. 5391 with Cleveland Rape Crisis Center in the amount not-to-exceed \$126,229.42 for the Strengthening Direct Services for Survivors Project.
- e) Contract No. 5393 with Jewish Family Service Association of Cleveland, Ohio in the amount not-to-exceed \$51,100.89 for the Domestic Violence Services Continuation Project.

f) Contract No. 5394 with Journey Center for Safety and Healing in the amount not-to-exceed \$113,510.05 for the Latina Domestic Violence Project.

g) Agreement No. 5449 with Cuyahoga County Domestic Relations Court in the amount not-to-exceed \$32,315.60 for the Domestic Violence Enhancement Program.

Funding Source: FY2024 STOP Violence Against Women Act Block Grant

**BC2025-464**

Department of Public Safety and Justice Services, submitting a Revenue Generating Agreement (via Contract No. 5514) with City of Lakewood in the amount not-to-exceed \$25,416.00 for reimbursement of related expenses for use of (1) Motorola NG9-1-1 workstation, located at 12650 Detroit Avenue, Lakewood for the period 4/1/2025 – 3/31/2028.

Funding Source: Revenue Generating – revenue will be deposited into Wireless Fund

**BC2025-465**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Downtown Cleveland Alliance in the anticipated amount of \$2,818.79 for outdoor space rental for Family Fun Day held on Gund Foundation Green on Public Square on 8/5/2025 (Rain Date 8/12/2025).
- b) Recommending an award and enter into Contract No. 5493 to Downtown Cleveland Alliance in the anticipated amount of \$2,818.79 for outdoor space rental for Family Fun Day held on Gund Foundation Green on Public Square on 8/5/2025 (Rain Date 8/12/2025).

Funding Source: Health and Human Services Levy Fund

**BC2025-466**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a grant agreement with U.S. Department of Housing and Urban Development for Continuum of Care Coordinated Entry System in connection with FY2024 Continuum of Care Homeless Program Competition grant for the period 2/1/2025 – 1/31/2026, for additional funds in the amount not-to-exceed \$1,000,000.00

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

**BC2025-467**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry

- a) Submitting an RFP exemption, which will result in an award recommendation to Reach Success Inc. in the amount not-to-exceed \$325,000.00 for research, planning and independent evaluative services of the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.

- b) Recommending an award and enter into Contract No. 5387 with Reach Success Inc. in the amount not-to-exceed \$325,000.00 for research, planning and independent evaluative services of the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.

Funding Source: Federal Bureau of Justice Affairs Grant Funds

**BC2025-468**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry

- a) Submitting an RFP exemption, which will result in an award recommendation to Lutheran Metropolitan Ministry in the amount not-to-exceed \$173,100.00 for research, planning and independent evaluative services of the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.
- b) Recommending an award and enter into Contract No. 5389 with Lutheran Metropolitan Ministry in the amount not-to-exceed \$173,100.00 for research, planning and independent evaluative services of the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.

Funding Source: Federal Bureau of Justice Affairs Grant Funds

**BC2025-469**

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry

- a) Submitting an RFP exemption, which will result in an award recommendation to Center for Employment Opportunities, Inc. in the amount not-to-exceed \$249,999.99 for transitional employment services for the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.
- b) Recommending an award and enter into Contract No. 5390 with Center for Employment Opportunities, Inc. in the amount not-to-exceed \$249,999.99 for transitional employment services for the County's Pay for Success Initiative, effective 1/1/2025-12/31/2027.

Funding Source: Federal Bureau of Justice Affairs Grant Funds

**C. – Exemptions**

**BC2025-470**

Department of Public Works, recommending an alternative procurement process, which will result in a participation agreement with the City of Brecksville Purchasing Consortium in the amount not-to-exceed \$30,000.00 for the purchase of sodium chloride (rock salt) for the period 11/1/2025 – 10/31/2026.

Funding Source: General Fund

**BC2025-471**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an alternative procurement process, which will result in award recommendations

to various providers in the total amount not-to-exceed \$477,648.00 for implementation of the Family Centered Services and Supports Wraparound Program for the period 7/1/2025 – 6/30/2027.

Funding Sources: 25% Federal Child Welfare Funds and 75% State General Revenue Funds

**BC2025-472**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending an alternative procurement process, which will result in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 to pay invoices for the Multi-System Local Youth Program for the period 7/1/2025 – 6/30/2027.

Funding Source: State Funds

**BC2025-473**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, recommending 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 State Youth Program for the period 7/1/2025 – 6/30/2027.

Funding Source: State Funds

**D. – Consent Agenda**

**BC2025-474**

Department of Development, submitting an amendment to a Loan Agreement (via Contract No. 3323) with 2168 West 25<sup>th</sup> Street LLC to provide a County Match Funding Forgivable loan for certain brownfield remediation and cleanup activities associated with the Project located at or about 2168 West 25th Street, Cleveland, Ohio and encompassing parcels for the period 3/31/2023-3/31/2026 to modify the terms of Section 1.10 to remove an existing item and add additional terms related to loan forgiveness, effective upon signatures of all parties.

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

**BC2025-475**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4307 (fka Contract No. 4118) with Esperanza, Incorporated for mentoring and positive youth development services for court referred youth ages 14 to 17 with high risk for recidivism for the period 7/1/2023 – 6/30/2026; for a decrease of funds in the amount of (\$44,460.00), effective 7/1/2025.

Funding Source: RECLAIM Grant

**BC2025-476**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a Master Contract with various providers for trauma informed respite and youth care center services for the period 7/1/2024 – 6/30/2026

a) To remove (2) vendors, effective 7/1/2025:

1. Contract No. 4521 with Raven House
2. Contract No. 4524 with Life's Right Direction, Inc

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

Contract No. 5515 (fka Contract Nos. 4644 and 4522) with Lutheran Metropolitan Ministry to replace Exhibits A-C with a new Exhibit A which represents new rates and for a decrease of funds in the amount of (\$150,000.00).

Funding Source: RECLAIM Grant Fund

**BC2025-477**

Fiscal Department, presenting proposed travel/membership requests for the week of 7/21/2025

Dept:	Department of Sustainability							
Event:	Jason National Conference							
Source:	Jason Learning							
Location:	Leesburg, VA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	6/29/2025-6/30/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Jason Learning

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* All Expenses Covered by Jason Learning

- Registration- \$150.00
- Airfare- \$131.00
- Total: \$281.00

Purpose:

Traveling to Leesburg, VA to attend the Jason National Conference. To discover how diverse perspectives and visionary leadership can drive a more inclusive, innovative, and sustainable future in stem. Approved by the AIG's office the cost of the trip is covered by Jason Learning.

Dept:	Sheriff's Department							
Event:	NTOA Swat Team Leader Development							
Source:	National Tactical Officer Association							
Location:	Crestview, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Timothy Slowik	8/3/2025-8/8/2025	\$724.01	\$420.00	\$896.00	\$525.00	\$560.00	\$3,125.01	Continued Professional Training Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

National Tactical Officer Association SWAT Team Leader Development Training in Crestview Florida. NTOA is the leader in Law Enforcement Tactical Training on a national scale. This training will provide unparalleled training in SWAT and decision making, ultimately increasing the capability to become a team leader on the County SWAT team.

Dept:	Medical Examiner's Office							
Event:	109 <sup>th</sup> International Association for Identification Educational Conference							
Source:	International Association for Identification							
Location:	Orlando, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dawn Schilens	8/11/2025-8/17/2025	\$495.00	\$353.00	\$787.50	\$341.70	\$276.97	\$2,254.17	Coverdell Grant

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Attend the 109<sup>th</sup> International Association for Identification Educational Conference. Lectures on the latest technology techniques and research as well as workshops to practice basic and advanced skills taught by professionals in the field. Meetings and panels provide an opportunity to discuss the latest standards and professional developments.

## V- OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

Court of Common Pleas/Corrections Planning Board, submitting an amendment to a grant agreement with the Ohio Department of Rehabilitation and Corrections for various FY2026 – 2027 Community Based Corrections Programs for the period 7/1/2025 – 6/30/2027 to replace Exhibit A of the original agreement with revised Exhibit A; no additional funds required.

Funding Source: Community Corrections Act (CCA) Fund

#### Item No. 2

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	4969	Summit Food Service, LLC	For Jail food services in the Cuyahoga County Corrections Center <b>to replace Exhibit A with Exhibit A-1 Kosher-Halal Menu and to replace Enhanced Menu Schedule 1 with Enhanced Menu Schedule 1A representing pricing schedule</b>	\$0.00	Sheriff's Department	01/01/2025-12/31/2027	(Original) General Fund	(Executive) 7/14/2025 (Law) 7/15/2025

#### Item No. 3

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 6/1/2025-6/30/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “ 7/21/2025 – Board of Control Meeting”.

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

## VI – PUBLIC COMMENT

## VII – ADJOURNMENT



## Minutes

Cuyahoga County Board of Control  
Monday, July 14, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
Committee Room B

### **I – CALL TO ORDER**

The meeting was called to order at 11:01 a.m.

#### Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration  
(Alternate for Chris Ronayne, County Executive)  
Michael Chambers, Fiscal Officer, serving as Chairman  
Mellany Seay, Finance and Operations Administrator, Department of Public Works  
(Alternate for Michael Dever)  
Paul Porter, Director, Department of Purchasing  
Laura Black, County Council (Alternate for Meredith Turner)  
Joseph Nanni, County Council (Alternate for Michael Houser)  
Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 7/7/2025**

Michael Chambers motioned to approve the minutes from the July 7, 2025, meeting; Mellany Seay 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**

##### **BC2025-443**

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

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-443 was approved by unanimous vote.

**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

Kathleen Dugan, Cuyahoga County Law Library, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-444 was approved by unanimous vote.

**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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-445 was approved by unanimous vote.

**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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-446 was approved by unanimous vote.

**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

Angela Williamson, Clerk of Courts, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-447 was approved by unanimous vote.

**BC2025-448 The following item was held at the request of the County Executive.**

~~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

Chris Costin and Sergeant Patrica Miller, Sheriff's Department, presented. Joseph Nanni commented, if possible reach out to Human Resources to see if Wellness funds can be used in the future. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-449 was approved by unanimous vote.

**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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded Item BC2025-450 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-451 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. BC2025-452 through BC2025-457; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

#### **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

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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

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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
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\*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
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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 <b>to change the initial termini of Front Street to Lindbergh Boulevard, to Lindbergh Boulevard to Beech Street.</b>	\$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
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**VI – PUBLIC COMMENT**

There was no Public Comment

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:14 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-458**

Title	Department of Public Works – Cuyahoga Green Energy; JCS Consulting Services; Approval of Contract Amendment for Strategic and Tactical Planning Assistance for Microgrid Districts		
Department or Agency Name	Department of Public Works/Division of Public Utilities		
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	4502	JCS Consulting Services	6/4/2024 – 2/28/2026	\$50,000.00	6/3/2024	BC2024-420
A-#1	4502	JCS Consulting Services	6/4/2024 – 2/28/2026	\$30,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). The Department of Public Works plans to amend Contract No. 4502 with JCS Consulting Services to add funds in the amount of \$30,000.00. The scope of work remains the same and includes strategic and tactical planning assistance for microgrid districts in Euclid and Brooklyn. JCS will assist with identifying and reporting on a viable pathway for permitting for the aforementioned projects as well as work to develop a utility interconnection pre-application package for submission to utility companies.
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): JCS Consulting Services will assist with identifying and reporting on a viable pathway for permitting for the aforementioned projects as well as work to develop a utility interconnection pre-application package for submission to utility companies.

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):

JCS Consulting Services 3532 Thistle Ct Richfield, OH 44286	John Skory Principal
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Euclid, Brooklyn

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.  JCS Consulting Services was named as a vendor in the federal grant application that was awarded by the U.S. Department of Energy (see BOC approval BC2024-246).  There are very few subject matter experts on transmission level interconnection services who are not working for current utility companies. John Skory of JCS Consulting Services ran the distribution and transmission departments for FirstEnergy/CEI for many years. He is an expert in the field and has great knowledge of both processes and personnel at PJM, the transmission regulatory body, and ATSI, the owner of a majority of transmission lines in the region.  *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) Federal, State, or Other Grant Application Program (County Code 501.12(B)(16))
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% U.S. Department of Energy Congressionally Directed Spending Earmark No. DE-GD0000866
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. PW720200
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above
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**BC2025-459**

Title	CM5440-Clark Anthony Construction LLC- New Contract - Automatic Door Preventive Maintenance for County Buildings	
Department or Agency Name	Department of Public Works	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM5440	Clark Anthony Construction LLC	Upon Execution – 7.31.2027	\$200,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval of a contract, per the chart above, for automative door preventive maintenance for County buildings.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" 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 goal is to secure a vendor to provide preventive maintenance to automatic doors for county buildings along with as-needed repairs to entryways.

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)	
Clark Anthony Construction, LLC 1220 Kelly Avenue Akron, Ohio 44306	Owner, executive director, other (specify):  Justin Rogers, CEO
Vendor Council District:	Project Council District:
NA	NA
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# _____ n/a _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 5.20.25	Provide a short summary for not using competitive bid process.  NA
The total value of the solicitation: \$200,000.00 Number of Solicitations (sent/received) 79 / 1	<input type="checkbox"/> Exemption <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 ( 10 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Informal Bid  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? NA	<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 checked="" type="checkbox"/> No, please explain.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Funds – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 / 55220
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.
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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):	12.18.24
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	5.20.25
Date Department of Law approved Contract:	5.22.25
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 type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM3612	Clark Anthony Construction LLC	8.30.2023 – 8.29.2024	\$49,999.00	8.30.2023	BC2023-541
A-1	CM3612	Clark Anthony Construction LLC	8.30.2024 – 8.29.2025	\$49,999.00	5.28.2024	BC2024-394
A-2	CM3612	Clark Anthony Construction LLC	8.30.2024 – 8.29.2025	\$49,999.00	1.6.2025	BC2025-04

#### BC2025-460

Title	Harvard Landfill Solar Development Slope Stability Study - CPRG
Department or Agency Name	Department of Public Works/Division of Public Utilities
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):



Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5494	CEP Renewables OH, LLC	N/A	\$56,150.00	Pending	Pending

Service/Item Description (include quantity if applicable).

CEP Renewables OH, LLC is developing landfill solar projects in the City of Brooklyn and at the Harvard Road landfill in the Cities of Cleveland and Garfield Heights utilizing County resources obtained through the Climate Pollution Reduction Grant (CPRG). CEP was a named recipient in the grant by virtue of their having site control of both landfills. This agreement authorizes \$56,150 to be spent on a slope stability study needed for engineering of the Harvard Road site to determine how many megawatts (MW) of power can be installed on the land.

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):

Completion of slope stability study to determine how many megawatts (MW) of power can be installed on the Harvard Road site.

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):
CEP Renewables OH, LLC 7160 Chagrin Road, Suite 100 Chagrin Falls, OH 44023	Kurt Princic Senior Project Development Manager
Vendor Council District:	Project Council District:
N/A	8
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.  CEP Renewables OH, LLC was a named party in the CPRG application due to their site control of the land at both the Harvard Road landfill and in the City of Brooklyn.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Federal, State, or Other Grant Application Program (County Code 501.12(B)(16))

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% U.S. Environmental Protection Agency Climate Pollution Reduction Grant Award No. 00E03865
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. PW720200
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): N/A
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**BC2025-461**

Title	CM5509-Public Works-Water Treatment Chemicals and Services for Boiler & Air Conditioning Equipment for various County buildings-Patriot Industrial Technologies, LTD.
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM5509	Patriot Industrial Technologies, LTD	10/01/2025- 09/30/2028	Not-to-exceed \$150,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Public Works is requesting approval of a contract with Patriot Industrial Technologies, LTD., in an amount not-to-exceed \$150,000.00. The contract provides water treatment chemicals and service for boiler and air conditioning equipment at various County buildings.
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 contract provides water treatment chemicals and service for boiler and air conditioning equipment at various County buildings.

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):
Patriot Industrial Technologies, LTD 6318 Caribou Drive Clinton, Ohio 44216	Rino Marsala, Manager

Vendor Council District:	Project Council District:
NA	NA
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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 04/28/2025	Provide a short summary for not using competitive bid process.  NA *See Justification for additional information.
The total value of the solicitation: not-to-exceed \$150,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 64/3	<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 ( ).  NA
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?  The awarded vendor was the lowest and best.	<input type="checkbox"/> Contract Amendment - (list original procurement) Informal bid process <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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General
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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. PW750100 55200
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):	2.20.25
Date documents were requested from vendor:	5.8.25
Date of insurance approval from risk manager:	5.12.25
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:	
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):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM2425	Patriot Industrial Technologies, LTD	04/30/2022-05/01/2024	\$43,000.00	05/02/2022	BC2022-262
(A-1)	CM2425	Patriot Industrial Technologies, LTD	12/06/2023-12/31/2024	\$23,000.00	12/04/2023	BC2023-770
(A-2)	CM2425	Patriot Industrial Technologies, LTD	01/01/2025-09/30/2025	\$22,500.00	03/17/2025	BC2025-180

**BC2025-462**

Title	Replacement WAN Routers
Department or Agency Name	Department of Information Technology

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002502 STAC	MNJ Technologies Direct, Inc.		\$287,409.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).  The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Wide Area Network Router Replacement in the amount of \$287,409.00.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): This request is to replace the County's aged Wide Area Network routers that are used as the primary device to interconnect all of the County Campus facilities together into one large network. The current router models in the buildings today were released by the manufacturer in 2009, thus the existing routers are in the 10- 15 year old range and have been out of manufacturer support for three years. To be good stewards of the Taxpayers money the Department of Information Technology intentionally omitted five buildings from this project as they are buildings that are known to be vacated in the next 18-24 months. (Veteran Services, Westshore, Mount Pleasant, Caxton, and Mayfield Village.)

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):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, Illinois	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	MNJ Technologies Direct, Inc. is able to provide Cuyahoga County with the requested hardware using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. The pricing quoted is a Cisco promotion and if the PO is not approved and the order placed by July 18, 2025 the price will increase to \$306,925.00  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date contract #534612 expires on 12/31/2025. <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (    ) DBE (    ) SBE (    ) MBE (    ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (    ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Capital Projects IT600100
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

**BC2025-463**

**a)**

Title	City of Cleveland Police contract 5384 for services provided through the Cleveland Domestic Violence Project under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5384	City of Cleveland	1/1/2025 – 12/31/2025	\$114,646.43	Pending	Pending

Service/Item Description (include quantity if applicable).  The City of Cleveland's Law Enforcement Division will staff two detectives that are responsible for the investigation, arrest, and enforcement of cases in the City's Domestic Violence Unit. The anticipated start-completion dates are 01/01/2025 - 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?
Project Goals, Outcomes or Purpose (list 3): The project goals are to: 1.) Investigate and pursue possible charges against offenders who commit domestic violence crimes. 2.) Create reports and collect information to present to the city prosecutor. 3.) Reach into the community to engage and mobilize them to help address the needs of the underserved victims.	

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):
Vendor Name and address: City of Cleveland Law Enforcement Division 601 Lakeside Ave, Room 230	Dornat Drummond, Public Safety Director
Vendor Council District: 10	Project Council District: Throughout Cuyahoga County
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 checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process.  There was a competitive bid through a Request for Proposals.
The total value of the solicitation: \$646,311.90	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /  The number of solicitations received was eight.	<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 checked="" type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? This is a grant funded solicitation	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
The applications range from \$45,133.89 to \$183,637.32	<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 checked="" type="checkbox"/> No, please explain. The project is funded through a grant.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.
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: PJ325120 Activity PJ-24-VAWA-BL
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 or 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: <ol style="list-style-type: none"> <li>1. Submit Grant application in OCJS website on 10/15/2025</li> <li>2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024</li> <li>3. Request contract documents from subgrantees on 1/3/2025</li> <li>4. OCJS pending receipt of the grant award</li> <li>5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025</li> <li>6. Pre-Award Conditions approved by BOC on 4/15/2025</li> <li>7. Pre-Award Conditions submitted to OCJS on 4/25/2025</li> <li>8. Received Grant Award on 5/5/2025</li> <li>9. Received executed award on 5/21/2025 from executive's office</li> <li>10. Appropriation request submitted to OBM on 5/23/2025</li> <li>11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda</li> </ol>
Timeline

Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4489	City of Cleveland	1/1/2024 – 12/31/2024	\$114,901.34	6/10/2024	BC2024-451

**b)**

Title	City of Cleveland Police contract 5385 for services provided through the Cleveland Sexual Assault Advocate Project under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5385	City of Cleveland	1/1/2025 – 12/31/2025	\$46,931.54	Pending	Pending

Service/Item Description (include quantity if applicable).
<p>The City of Cleveland will contract with the Cleveland Rape Crisis Center to provide a Sexual Assault Advocate who will support victims of domestic violence who are referred by the Cleveland Police Sexual Crime Unit. The advocate will provide services such as access to medical treatment, counseling, and other resources necessary to assist victims. The anticipated start-completion dates are 01/01/2025 - 12/31/2025.</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)

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 project goals are to:  1.) Assist victims of domestic violence that are referred through Cleveland Police Sex Crimes Unit. 2.) The Advocate will receive police reports within the unit and reach out to the victims to provide support, crisis intervention, information, education, and support throughout the criminal justice system. 3) Have a full-time advocate assigned to the Police Sex Crimes Unit.

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)	
City of Cleveland Law Enforcement Division 601 Lakeside Ave, Room 230 Cleveland, Ohio 44113	Owner, executive director, other (specify):  Public Safety Director, Dornat Drummond
Vendor Council District: 10	Project Council District: Throughout Cuyahoga County
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 checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  There was a competitive bid process through a Request for Proposals.
The total value of the solicitation: \$646,311.90	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ /  The number of solicitations received was eight.	<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 checked="" type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? This is a grant funded solicitation	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  The applications ranges from \$45,133.89 to \$183,637.32	<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 checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. The project is funded through a grant.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.
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: PJ325120 Activity PJ-24-VAWA-BL
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 or 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: <ol style="list-style-type: none"> <li>1. Submit Grant application in OCJS website on 10/15/2025</li> <li>2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024</li> <li>3. Request contract documents from subgrantees on 1/3/2025</li> <li>4. OCJS pending receipt of the grant award</li> <li>5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025</li> <li>6. Pre-Award Conditions approved by BOC on 4/15/2025</li> <li>7. Pre-Award Conditions submitted to OCJS on 4/25/2025</li> <li>8. Received Grant Award on 5/5/2025</li> </ol>

9. Received executed award on 5/21/2025 from executive's office 10. Appropriation request submitted to OBM on 5/23/2025 11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications.
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4491	City of Cleveland	1/1/2024 – 12/31/2024	\$46,931.54	6/10/2024	BC2024-451

c)

Title	City of Cleveland Prosecution contract 5386 for services provided through the Cleveland Domestic Violence Project, under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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.
0	5386	City of Cleveland	1/1/2025 – 12/31/2025	\$161,577.97	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The City of Cleveland's Prosecutor's Office will staff prosecutors and Law Clerk/Paralegals that are responsible for the prosecution of cases in the City's Domestic Violence Unit. The anticipated start-completion dates are 01/01/2025 - 12/31/2025.</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>The project goals are to:</p> <ol style="list-style-type: none"> <li>1.) To prosecute cases of domestic violence</li> <li>2.) Act as the advocate for the State pursuant to local ordinance and the Ohio Revised Code on behalf of victims of domestic violence.</li> <li>3.) Provide training to Prosecutors</li> </ol>

<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>	
<p>City of Cleveland Office of Prosecution 601 Lakeside Ave, Room 106 Cleveland, Ohio 44113</p>	<p>Owner, executive director, other (specify):  Law Director, Mark Griffin</p>
<p>Vendor Council District: 10</p>	<p>Project Council District: 2,3,7,8</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input checked="" type="checkbox"/> RFB   <input type="checkbox"/> RFP   <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal      Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>There was a competitive bid process through a Request for Proposals.</p>
<p>The total value of the solicitation: \$646,311.90</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received)      /</p> <p>The number of solicitations received was eight.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review?   <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.</p>	<p><input type="checkbox"/> Sole Source   <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).</p>

<p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p> <p>This is a grant funded solicitation</p>	
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:</p> <p><i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i></p>	<p><input type="checkbox"/> Government Purchase</p> <p><input checked="" type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p> <p>The applications range from \$45,133.89 to \$183,637.32</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.</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>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>Accounting Unit: PJ325120 Activity Code: PJ-24-VAWA-BL</p>
<p>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):</p>

<p>Provide status of project.</p> <p>Recurring service or purchase</p>
<p>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</p>
<p>Reason:</p> <ol style="list-style-type: none"> <li>1. Submit Grant application in OCJS website on 10/15/2025</li> <li>2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024</li> <li>3. Request contract documents from subgrantees on 1/3/2025</li> <li>4. OCJS pending receipt of the grant award</li> <li>5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025</li> <li>6. Pre-Award Conditions approved by BOC on 4/15/2025</li> </ol>



7. Pre-Award Conditions submitted to OCJS on 4/25/2025 8. Received Grant Award on 5/5/2025 9. Received executed award on 5/21/2025 from executive's office 10. Appropriation request submitted to OBM on 5/23/2025 11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4490	City of Cleveland	1/1/2024 – 12/31/2024	\$161,832.88	6/10/2024	BC2024-451

d)

Title	Cleveland Rape Crisis Center Contract 5391 for Strengthening Direct Services for Survivors Project under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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.
0	5391	Cleveland Rape Crisis Center	1/1/2025 – 12/31/2025	\$126,229.42	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cleveland Rape Crisis Center -CRCC Strengthening Direct Services for Survivors Project will address the harmful effects of sexual violence, survivors of rape and sexual abuse require immediate crisis support and intervention. CRCC provides 24-Hour intervention services, trauma therapy, victim advocacy, case management services, anti-human trafficking services, and education/outreach to survivors of sexual violence.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The project goals are to:</p> <p>1.) To address the harmful and often life-threatening byproducts is sexual victimization, survivors of rape and sexual abuse require crisis support and intervention.</p> <p>2.) Provide 24-hour intervention services, individual &amp; group therapy, and criminal justice system advocacy to survivors.</p> <p>3.) Maintain core victim services and criminal justice initiative, while supporting complementary new initiatives and emergency services for victims and their families.</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>	
<p>Vendor Name and address:</p> <p>Cleveland Rape Crisis Center</p> <p>2937 West 25<sup>th</sup> Street</p> <p>Cleveland, Ohio 44113</p>	<p>Owner, executive director, other (specify):</p> <p>CEO, Nicole McKinney-Johnson</p>
<p>Vendor Council District: 2</p>	<p>Project Council District: Throughout Cuyahoga County</p>
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>There was a competitive bid process through a Request for Proposals.</p>
<p>The total value of the solicitation: \$646,311.90</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) _____ / _____</p> <p>The number of solicitations received was eight.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).</p>

<input checked="" type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? This is a grant funded solicitation	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input type="checkbox"/> Government Purchase  <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  The applications range from \$45,133.89 to \$183,637.32	<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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. The project is funded through a grant.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.
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: PJ325120 Activity PJ-24-VAWA-BL
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 or 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: 1. Submit Grant application in OCJS website on 10/15/2025 2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024 3. Request contract documents from subgrantees on 1/3/2025

4. OCJS pending receipt of the grant award 5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025 6. Pre-Award Conditions approved by BOC on 4/15/2025 7. Pre-Award Conditions submitted to OCJS on 4/25/2025 8. Received Grant Award on 5/5/2025 9. Received executed award on 5/21/2025 from executive's office 10. Appropriation request submitted to OBM on 5/23/2025 11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications.
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4492	Cleveland Rape Crisis Center	1/1/2024 – 12/31/2024	\$128,171.63	6/10/2024	BC2024-451

e)

Title	Jewish Family Service Association of Cleveland, Ohio Contract 5393 for services provided through the JFSA 2025 DV Services Continuation Project, under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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.
0	5393	Jewish Family Service Association of Cleveland, Ohio	1/1/2025 – 12/31/2025	\$51,100.89	Pending	Pending

Service/Item Description (include quantity if applicable).

The Domestic Violence Services Project will provide community-based domestic violence services through comprehensive case management and advocacy. This approach utilizes both an empowerment model and trauma informed care approach. The anticipated start-completion dates are 01/01/2025 - 12/31/2025.

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 project goals are to:

- 1.) Provide advocacy and comprehensive case management, in which the client is responsible for decision-making.
- 2.) To educate victims of their rights and options when working within the legal system and explain differences between civil and criminal protection orders and individualized safety planning.
- 3.) Maintain core victim services and criminal justice initiative, while supporting complementary new initiatives and emergency services for victims and their families.

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:  Jewish Family Services Association of Cleveland 29125 Chagrin Blvd. Pepper Pike, Ohio 44122	Owner, executive director, other (specify):  President & Chief Executive Officer, Susan Bichsel
Vendor Council District: 9	Project Council District: Throughout Cuyahoga County
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 checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	There was a competitive bid process through a Request for Proposals.  *See Justification for additional information.
The total value of the solicitation: \$646,311.90	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  The number of solicitations received was eight.	<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 checked="" type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? This is a grant funded solicitation	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input type="checkbox"/> Government Purchase  <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  The applications range from \$45,133.89 to \$183,637.32	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.
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: PJ325120 Activity PJ-24-VAWA-BL

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

Provide status of project.  
Recurring service or purchase

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

Reason:

1. Submit Grant application in OCJS website on 10/15/2025
2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024
3. Request contract documents from subgrantees on 1/3/2025
4. OCJS pending receipt of the grant award
5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025
6. Pre-Award Conditions approved by BOC on 4/15/2025
7. Pre-Award Conditions submitted to OCJS on 4/25/2025
8. Received Grant Award on 5/5/2025
9. Received executed award on 5/21/2025 from executive's office
10. Appropriation request submitted to OBM on 5/23/2025
11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda

Timeline

Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications.
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	4493	Jewish Family Service Association of Cleveland, Ohio	1/1/2024 – 12/31/2024	\$55,346.85	6/10/2024	BC2024-451

f)

Title	Journey Center for Safety and Healing Contract 5394 for services provided through the Latina Domestic Violence Project under the under the FY2024 STOP Violence Against Women Act Block Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Service
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	5394	Journey Center for Safety and Healing	1/1/2025 – 12/31/2025	\$113,510.05	Pending	Pending

Service/Item Description (include quantity if applicable). The Latina Domestic Violence Project will provide services to Hispanic victims of domestic and intimate partner violence, and their children who are or may be in an abusive relationship. The Project will provide services. The anticipated start-completion dates are 01/01/2025 - 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? _____
Project Goals, Outcomes or Purpose (list 3): The project goals are to: 1.) To assist victims of abuse with resources such as shelter, access to legal resources and counseling. 2.) To assist victims by facilitating the transition that victims must make in order to exit out of the relationship. 3.) Increase participants' access to resources and community connections.

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:  Journey Center for Safety and Healing P.O. Box 5466 Cleveland, Ohio 44101	Owner, executive director, other (specify):  Interim Chief Executive Officer, Robin Johnson
Vendor Council District: 7	Project Council District: Throughout Cuyahoga County



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 checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process.  There was a competitive bid process through a Request for Proposals.  *See Justification for additional information.
The total value of the solicitation: \$646,311.90	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /  The number of solicitations received was eight.	<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 checked="" type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? This is a grant funded solicitation	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  The applications range from \$45,133.89 to \$183,637.32	<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 checked="" type="checkbox"/> No, please explain. The project is funded through a grant.	

<p><b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.</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>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>Accounting Unit: PJ325120 Activity PJ-24-VAWA-BL</p>
<p>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):</p>

<p>Provide status of project.</p> <p>Recurring service or purchase</p>								
<p>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</p>								
<p>Reason:</p> <ol style="list-style-type: none"> <li>1. Submit Grant application in OCJS website on 10/15/2025</li> <li>2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024</li> <li>3. Request contract documents from subgrantees on 1/3/2025</li> <li>4. OCJS pending receipt of the grant award</li> <li>5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025</li> <li>6. Pre-Award Conditions approved by BOC on 4/15/2025</li> <li>7. Pre-Award Conditions submitted to OCJS on 4/25/2025</li> <li>8. Received Grant Award on 5/5/2025</li> <li>9. Received executed award on 5/21/2025 from executive’s office</li> <li>10. Appropriation request submitted to OBM on 5/23/2025</li> <li>11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda</li> </ol>								
<p>Timeline</p> <table border="1"> <tr> <td>Project/Procurement Start Date (date your team started working on this item):</td> <td>7/16/2024 the RFP was released to receive application</td> </tr> <tr> <td>Date documents were requested from vendor:</td> <td>8/15/2024 was the applications due date</td> </tr> <tr> <td>Date of insurance approval from risk manager:</td> <td>2/7/2024 Risk manager created and approved the insurance requirement</td> </tr> <tr> <td>Date Department of Law approved Contract:</td> <td>8/7/2025</td> </tr> </table>	Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive application	Date documents were requested from vendor:	8/15/2024 was the applications due date	Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement	Date Department of Law approved Contract:	8/7/2025
Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive application							
Date documents were requested from vendor:	8/15/2024 was the applications due date							
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement							
Date Department of Law approved Contract:	8/7/2025							
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>								
<p>Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>								

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

Amendments (A-# )						
0	4494	Journey Center for Safety and Healing	1/1/2024 – 12/31/2024	\$107,780.69	6/10/2024	BC2024-451

g)

Title	Cuyahoga County Domestic Relations Court contract 5449 for services provided through the Domestic Violence Enhancement Program under the FY2024 STOP Violence Against Women Act Block Grant	
Department or Agency Name	Cuyahoga County Public Safety and Justice Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5449	Cuyahoga County Domestic Relations Court	January 1, 2025 – December 31, 2025	\$32,315.60	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Domestic Violence Enhancement Program will transform DRCs service delivery model through targeted enhancement to services for self-represented litigants (SRLs), coordinating resources and increasing access to resources for underserved populations LEP and Deaf/hard or hearing. The Domestic Violence Enhancement Program will address state priority program areas of ensuring multi-lingual quality access to program materials and making quality translated materials readily available. The materials will assist victims with the Domestic Violence Civil Protection Order process including the relief available, how to request it, and how to have a meaningful hearing before the court. The director will ensure multi-lingual access to program forms and materials and will make translated materials readily available, obtaining translations of instruction forms, motions, and informational materials into the top seven (7) non-English languages.</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>The Domestic Violence Enhancement Program goals are to:</p> <ol style="list-style-type: none"> <li>1) Coordinate resources and increase access to resources for underserved populations, LEP and Deaf/hard of hearing</li> <li>2) Address state priority program areas of ensuring multi-lingual quality access to program materials</li> <li>3) Make quality translated materials readily available in relation to Civil Protection Orders.</li> </ol>

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: Cuyahoga County Domestic Relations Court 1 West Lakeside Avenue Cleveland, Ohio 44113	Owner, executive director, other (specify): Grant Administrator, Human Resource Development, Communications, Finance, Susan K. Sweeney
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Throughout Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  There was a competitive bid under an RFP
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  PSJS received eight applications by e-mail per the RFP.	<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 checked="" type="checkbox"/> No, please explain:  <i>The recommended vendor was one of the seven projects recommended by the VAWA Allocation Committee.</i>	<input type="checkbox"/> Government Purchase  <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? The application range from \$45,133.89 –183,637.32.	<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 checked="" type="checkbox"/> No, please explain. This is a grant funded contract.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Ohio Department of Public Safety /Office of Criminal Justice Services for FY24 Violence Against Women Act (VAWA) Grant. It is 100% federally funded.
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: PJ325120 Activity PJ-24-VAWA-BL
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. New Service or 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: <ol style="list-style-type: none"> <li>1. Submit Grant application in OCJS website on 10/15/2025</li> <li>2. Requested Authority to Apply for FY24 VAWA funding on 10/30/2024</li> <li>3. Request contract documents from subgrantees on 1/3/2025</li> <li>4. OCJS pending receipt of the grant award</li> <li>5. Received e-mail regarding FY24 VAWA Pre-Award Conditions on 4/3/2025</li> <li>6. Pre-Award Conditions approved by BOC on 4/15/2025</li> <li>7. Pre-Award Conditions submitted to OCJS on 4/25/2025</li> <li>8. Received Grant Award on 5/5/2025</li> <li>9. Received executed award on 5/21/2025 from executive’s office</li> <li>10. Appropriation request submitted to OBM on 5/23/2025</li> <li>11. Appropriation anticipated to be approved on 6/10/2025 BOC agenda</li> </ol>	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/16/2024 the RFP was released to receive applications.
Date documents were requested from vendor:	8/15/2024 was the applications due date
Date of insurance approval from risk manager:	2/7/2024 Risk manager created and approved the insurance requirement
Date Department of Law approved Contract:	8/7/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

**BC2025-464**

Title	2025 – City of Lakewood – Revenue Generating Agreement for use and maintenance of Motorola NG911 Workstations
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5514	City of Lakewood	4/1/2025 – 3/31/2028	\$25,416.00	TBD	TBD

Service/Item Description (include quantity if applicable).

The revenue generating agreement will allow the City of Lakewood use of one (1) Motorola NG9-1-1 workstations at 12650 Detroit Ave. Lakewood, OH 44107. This agreement will reimburse the County for costs associated with maintaining these workstations on its emergency communications system contact with Motorola.

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

N/A – Not a Purchase. This is a revenue generating agreement

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):

- Provide the City of Lakewood with one (1) Motorola NG9-1-1 workstations.
- Receive reimbursement from the City of Lakewood for the support and maintenance fees associated with the Motorola NG 91-1-1 equipment, software, and licensing.

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):
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Administration and Services Division Lakewood, OH Police Dept. 12650 Detroit Ave. Lakewood, OH 44107	Chief Kevin P. Fischer
Vendor Council District:	Project Council District:
District 2	District 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The revenue generated monies will be deposited in the Wireless fund.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain): Revenue Generating Agreement
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A - Revenue Generating Agreement
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): N/A Revenue Generating

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 City of Lakewood did not return the contract until 6/26/2025	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/26/2025
Date documents were requested from vendor:	6/25/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	6/26/2025
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 contract started On April 1st 2025. The City of Lakewood is currently in use off the 911 workstations	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2083	City of Lakewood	12/6/2021 - 3/10/2025	N/A - REV GEN	12/6/21	BC2021-708

#### BC2025-465

Title	2025 Downtown Cleveland Alliance Family Fun Day
Department or Agency Name	Cuyahoga County Health and Human Services



Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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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	5493	Downtown Cleveland Alliance	8/5/2025	\$2,818.79	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Family Fun Day at Public Square to be held August 5, 2025, is to provide fun activities, great resources from our county agencies and partners, and backpacks with school supplies to families. The resource fair aligns with the county strategy goals of providing superior customer service, making it possible for county agencies to be accessible to all, highlight county programs, raise public awareness and understanding about the various services provided to the community, and engage in a positive, and relaxed environment.</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>It will increase access to programs, and we are looking at outcomes based on key performance indicators including residents satisfied with county services.</p> <p>Increasing the number of presentations and outreach activities, and customers getting what they need.</p> <p>Co-create system level solutions by driving collaborations among regional partners who will be participants of the event.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Downtown Cleveland Alliance 1010 Euclid Avenue Cleveland, Ohio 44115	Hannah Gall Senior Director of Parks & Public Square
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Public Square- Cleveland, Ohio 44115

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 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 and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100 55130 UCH0999
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. To be held August 5, 2025
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.
O	4658	Downtown Cleveland Alliance	8/6/2024	\$10,037.84	7/8/2024	BC2024-521

#### BC2025-466

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

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i> <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i> ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i> <input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i> <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
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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)	Coordinated Entry	2/1/25 – 1/31/26	\$1,013,070	5/19/25	BC2025-332
AMENDMENT (A-1)	Coordinated Entry	2/1/25 – 1/31/26	\$2,013,070	Pending	Pending
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>OHS received a Coordinated Entry grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. The notification of award indicated \$1,013,070, which is what was approved on 5/19/25. At that time we did not have a grant agreement for signature. We have since received the grant agreement, and it reflects a higher amount as indicated above. This is due to OHS being approved for a Coordinated Entry expansion grant for \$1,000,000. We had anticipated that this would be a separate grant, but HUD combined them into one grant agreement. The project goals remain the same. OHS has not yet identified subrecipients for the additional allocation.</p> <p>HUD requires each Continuum of Care to establish and operate a centralized or coordinated assessment system referred to as coordinated entry to ensure the prioritization of limited resources toward those most in need. This system is designed to improve efficiency, fairness, and accessibility of crisis response systems within the CoC. Locally this grant funds Coordinated Intake access, assessment, and administration, as well as housing navigation.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Ensure equitable and streamlined access to housing and services</p> <p>Prioritize assistance for those with the greatest need</p> <p>Improve system-wide efficiency and data-informed decision-making</p>				

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

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

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	<p>HUD requires a 25% match, totaling \$503,268, which is broken down as follows:</p> <ul style="list-style-type: none"> <li>62.2% Health &amp; Human Services Levy funds in OHS' operating budget (HS260350). This consists of a separate line in the existing Coordinated Entry contract with</li> </ul>

	<p>Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/25 – CM5246) in the amount of \$160,245 as well as a percentage of OHS staff time totaling \$152,944.</p> <ul style="list-style-type: none"> <li>37.8% Emergency Solutions Grant. This consists of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/25 – CM5246).</li> </ul>
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## BC2025-467

Title	Cuyahoga County Office of Reentry 2025 Contract with Reach for Success for the Pay Success program 1/1/2025 – 12/31/2027
Department or Agency Name	Cuyahoga County Office of Reentry
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	5387	Reach Success Inc.	1/1/2025 12/31/2027	\$325,000.00	Pending	Pending
<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Office of Reentry is requesting approval of a contract with Reach Success Inc. for Pay for Success Program, in the amount of \$325,000.00, for the time period 1/1/2025 – 12/31/2027.</p> <p>During the term of the contract, this Vendor shall work within correctional facilities to support incarcerated individuals who are returning to Cuyahoga County within nine months by focusing on the individual needs of each participant, conduct educational assessments, and develop individualized plans that continue post-release.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement            Age of items being replaced: _____ How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <ol style="list-style-type: none"> <li>To identify incarcerated individuals who need to obtain a high school diploma and develop educational plans post release.</li> <li>To conduct educational assessments.</li> <li>To support the educational needs of the client.</li> </ol>						

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):
Reach Success Inc. 1001 Lakeside Ave. E, Suite 1610	Janet Cooper- Chief Executive Officer

Cleveland, oh 44114	
Vendor Council District:	Project Council District:
07	Serving County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" 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 RFP Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, 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?	<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.
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Federal Bureau of Justice Affairs Grant Funds – 100%
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS285100; Account: 55130; Activity: HS-23-RRAH1M; Account Category: 55130
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.	
New 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: Multiple factors impacted the timely submission of this contract. Procurement was originally started with the Office of Reentry. Staff changes, system errors and transfers within the Department caused a delay in getting started with the grant and other project components. Submitted deliverables for the project were not approved by BJA until 1/16/25. Upon approval, BJA funds were released allowing OOR to begin spenddown of the award monies. DCAP later inherited this contract on 1/30/25. Funding and time of performance discrepancies between OOR and the vendor(s) further delayed the document collection process. The contract was changed from 5-years to 3-years. The budget amount was finally approved by OOR on 3/14/25. Furthermore, the contract was changed from a master agreement to individual contract(s) on 3/25/25 to secure services in the most timely and efficient way without interfering with previously invoiced services from another vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/30/2025 (DCAP)
Date documents were requested from vendor:	2/7/2025; 2/11/2025; 4/1/2025
Date of insurance approval from risk manager:	2/7/2025
Date Department of Law approved Contract:	TBD
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) Prior to DCAP inheriting this contract, providers were notified that services can begin, and submitted invoices for those services would be processed at a later date.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

# BC2025-468

Title	Cuyahoga County Office of Reentry; Lutheran Metropolitan Ministry; Contract; RQ # N/A; 3-year contract for the Pay for Success Initiative
Department or Agency Name	Cuyahoga County Office of Reentry
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	5389	Lutheran Metropolitan Ministry (LMM)	1/1/2025 - 12/31/2027	\$173,100.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Cuyahoga County Office of Reentry is requesting approval of an RFP Exemption contract with Lutheran Metropolitan Ministries for the *Pay for Success Initiative* in the amount of \$173,100.00 for the time period 1/1/2025 to 12/31/2027.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. To place returning citizens experiencing homelessness into positive housing outcomes who have been released from jail or prison within 12 months and are located at the Men's Shelter at 2100 Lakeside
2. To provide LMM Housing Skills classes for justice involved people in community
3. To recruitment landlords willing to rent to individuals with criminal justice backgrounds and maintain a database of rental housing opportunities

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):
Lutheran Metropolitan Ministry 4515 Superior Ave Cleveland, OH 44103	Maria A. Foschia- President & 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# _____ N/A _____ (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 RFP Exemption/ CM 5389

Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, 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?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal Bureau of Justice Affairs Grant Funds – 100%
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS285100; Account: 55130; Activity: HS-23-RRAH1M; Account Category: 55130
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. New 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: Multiple factors impacted the timely submission of this contract. Procurement was originally started with the Office of Reentry. Staff changes, system errors and transfers within the Department caused a delay in getting started with the grant and other project components. Submitted deliverables for the project were not approved by BJA until 1/16/25. Upon approval, BJA funds were released allowing OOR to begin spenddown of the award monies. DCAP later inherited this contract on 1/30/25. Funding and time of performance discrepancies between OOR and the vendor(s) further delayed the document collection process. The contract was changed

from 5-years to 3-years. The budget amount was finally approved by OOR on 3/14/25. Furthermore, the contract was changed from a master agreement to individual contract(s) on 3/25/25 to secure services in the most timely and efficient way without interfering with previously invoiced services from another vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/30/2025 (DCAP)
Date documents were requested from vendor:	2/7/2025; 2/11/2025; 4/1/2025; 6/9/2025
Date of insurance approval from risk manager:	2/7/2025
Date Department of Law approved Contract:	6/18/2025
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) Prior to DCAP inheriting this contract, providers were notified that services can begin, and submitted invoices for those services would be processed at a later date.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

**BC2025-469**

Title	Cuyahoga County Office of Reentry; 2025-Center for Employment Opportunities–Contract 1/1/2025 – 12/31/2027; Pay for Success Initiative
Department or Agency Name	Cuyahoga County Office of Reentry
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	5390	Center for Employment Opportunities, Inc.	1/1/2025-12/31/2027	\$249,999.99	Pending	Pending

Service/Item Description (include quantity if applicable).
Cuyahoga County Office of Reentry is requesting approval of a contract with Center for Employment Opportunities, Inc. for Pay for Success Initiative, in the amount of \$249,999.99, for the time period 1/1/2025–12/31/2027.
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? N/A
Project Goals, Outcomes or Purpose (list 3): 1. To provide immediate work experience, daily pay, expanded paid training opportunities, and connect participants with employers for full-time employment. 2. To provide direct one on one support for job readiness, through weekly meetings. 3. To provide ongoing support to ensure participant success in their full-time job.

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):
Center for Employment Opportunities, Inc. 1500 Hamilton Ave Cleveland, OH 44114	Oluwatosin Martins, Regional Program Director-Midwest
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# _____ (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: _____	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 RFP Exemption/ CM 5390
Number of Solicitations (sent/received) /  N/A	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, 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 type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Federal Bureau of Justice Affairs Grant Funds – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS285100; Account: 55130; Activity: HS-23-RRAH1M; Account Category: 55130
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. New 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: Multiple factors impacted the timely submission of this contract. Procurement was originally started with the Office of Reentry. Staff changes, system errors and transfers within the Department caused a delay in getting started with the grant and other project components. Submitted deliverables for the project were not approved by BJA until 1/16/25. Upon approval, BJA funds were released allowing OOR to begin spenddown of the award monies. DCAP later inherited this contract on 1/30/25. Funding and time of performance discrepancies between OOR and the vendor(s) further delayed the document collection process. The contract was changed from 5-years to 3-years. The budget amount was finally approved by OOR on 3/14/25. Furthermore, the contract was changed from a master agreement to individual contract(s) on 3/25/25 to secure services in the most timely and efficient way without interfering with previously invoiced services from another vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/30/2025 (DCAP)
Date documents were requested from vendor:	2/7/2025; 2/11/2025, 4/1/2025
Date of insurance approval from risk manager:	2/7/2025
Date Department of Law approved Contract:	TBD
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): Prior to DCAP inheriting this contract, providers were notified that services can begin, and submitted invoices for those services would be processed at a later date.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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**C.- Exemptions****BC2025-470**

TITLE	Department of Public Works – 2025/2026 Salt Season – City of Brecksville Purchasing Consortium
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	6/20/23	BC2023-393
	7/8/24	BC2024-524
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting approval to participate in the City of Brecksville Purchasing Consortium for the purchase of Sodium Chloride (Salt) for the 2025/2026 winter season. The primary goal is to use the consortium purchasing leverage to purchase salt from one vendor for the period of 11/1/25 - 10/31/26. By having a vendor in place that can provide salt, County building and parking areas will be treated accordingly so the risk of tumbling and accidents is reduced during the winter season. This participation agreement will result in a not-to-exceed purchase order in the amount of \$30,000.00.	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	General Fund – 100%

**BC2025-471**

TITLE	Family Centered Services and Supports Alternative Procurement for 2025-2027
DEPARTMENT OR	Family and Children First Council

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST;	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	7/10/2023	BC2023-436
	1/08/2024	BC2024-39

INCLUDING AMENDMENTS, AS APPLICABLE		
DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$238,824.00 per year for a total amount of \$477,648.00 for the Family Centered Services and Supports funding. 7/1/2025 – 6/30/2027	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	HS300155 56020 FC-21-FCSS

#### BC2025-472

TITLE	Multi System Youth <b>Local (MSY)</b> Alternative Procurement for 2025-2027
DEPARTMENT OR	Family and Children First Council

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	7/2/2024	BC2024-501
DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$ \$375,000.00. 7/1/2025 – 6/30/2027	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	HS300155 56020 FC-MSY-LOCAL

#### BC2025-473

TITLE	Multi System Youth <b>State (MSY)</b> Alternative Procurement for 2025-2027
DEPARTMENT OR	Family and Children First Council

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	10/28/2024	BC2024-786
DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting approval of an alternative procurement to invoice with various vendors for the anticipated cost of the not-to-exceed \$ \$375,000.00 for the MSY State funding. 7/1/2025 – 6/30/2027	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	HS300155 55130 FC-MSY-STATE

#### D. - Consent Agenda

#### BC2025-474

Title	2025 – CM3323/212384; Department of Development; Amendment; 2168 West 25 <sup>th</sup> Street LLC; 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	3323	2168 West 25 <sup>th</sup> Street LLC	3/31/23 – 3/31/26	137,718.75	7/18/2022 12/9/2022	BC-2022-444 R2022-0405
A-1	3323	2168 West 25 <sup>th</sup> Street LLC	3/31/23 – 3/31/26	\$0.00	Pending	Pending

Loan Description and Terms.
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.
Project Purpose/Goals, Outcomes(List 3):



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, consisting of the removal of Asbestos Containing Materials (ACM) from the former Carriage Co. site located at 2168 Est 25<sup>th</sup> Street in Cleveland to support the development of a mixed use project.

If a County Council item, are you requesting passage of the item without 3 readings. ☐ Yes ☐ 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):
2168 West 25 <sup>th</sup> Street LLC 629 Euclid Avenue, 11 <sup>th</sup> Floor Cleveland, OH 44114	Jori Maron, Managing Member
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.	
The project noted above is 100% General Fund due to ARPA	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	
Provide status of project.	
Is contract late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline:	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Date item was entered and released in Infor:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
HISTORY (see instructions): see chart above	

#### BC2025-475

Title	AMENDMENT FOR MENTORING AND POSTIVE YOUTH DEVELOPMENT SERVICES - ESPERANZA, INCORPORATED
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT 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-# )	Contra ct No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	4118	ESPERANZA, INCORPORATED	7/1/2023- 6/30/2024	\$96,690.00	1/29/2024	BC2024-70
(A-1)	4307/ 4118	ESPERANZA, INCORPORATED	7/1/2024- 6/30/2026	\$128,920.00	7/15/2024	BC2024-533
(A-2)	4307	ESPERANZA, INCORPORATED	7/1/2024- 6/30/2026	(\$44,460.00)	Pending	Pending

Service/Item Description (include quantity if applicable). This is a contract amendment to reduce the funds in the amount of \$44,460.00 from July 1, 2025, through June 30, 2026, for Mentoring and Positive Youth Development Services. This changes the not-to-exceed value of the contract to \$225,610.00 to \$181,150.00.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The vendor will provide youth with specific, evidence based "one circle" models for support to address gun violence, conflict resolution, trauma, and anger.

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: Esperanza, Inc. 3104 West 25 <sup>th</sup> St., Floor 4 Cleveland, Ohio 44109	Owner, executive director, other (specify): Margaret Sanchez, President and CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input 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)
Contract Amendment	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project. This is a recurring service.	
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):	5/20/2025
Date documents were requested from vendor:	5/28/2025
Date of insurance approval from risk manager:	5/27/2025
Date Department of Law approved Contract:	5/27/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
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# BC2025-476

Title	CONTRACT AMENDMENT FOR TRAUMA-INFORMED YOUTH CARE CENTERS
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT 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):
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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)	4521,	Raven House,	7/1/2024 - 6/30/2026	\$800,000.00	9/24/2024	R2024-0341
	4522,	Lutheran Metropolitan Ministry				
	4524	Life's Right Directions				
(A#1)	5515 fka 4644, 4522.	Lutheran Metropolitan Ministry	7/1/2025- 6/30/2026	(\$650,000.00)	PENDING	

<p>Service/Item Description (include quantity if applicable).</p> <p>Trauma Informed Youth Care Centers to reduce the funds in the amount of \$150,000.00, and to strike Exhibits A through C attached to the original CONTRACT and to replace the same with the new exhibit A. This changes the not-to-exceed value of the contract from \$800,000.00 to \$650,000.00.</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</p> <p>Age of items being replaced:   N/A                      How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>• Professional and technical services to conduct programming, care, and custody services for youth.</li> <li>• Provide options to meet the need of youth at risk of reoffending.</li> <li>• Provide secured detention placement for trauma-informed youth.</li> </ul>

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: Lutheran Metropolitan Ministry 4515 Superior Ave., Cleveland, Ohio 44103	Owner, executive director, other (specify): Maria A. Foschia / President & CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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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)
Contract Amendment	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded through 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.  RECLAIM: Accounting Unit: JC330100 (reduction) and Accounting Unit: JC280110 -( remain the same as previously approved)
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

The delay is due to the notification of the RECLAIM Grant, award process, contract negotiation/review and vendors' delay in returning documents	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.20.25
Date documents were requested from vendor:	5.28.25
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:
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#### BC2025-477

(See related items for proposed travel/memberships for the week of 7/21/2025 in Section D above).

#### V – OTHER BUSINESS

##### Item of Note (non-voted)

##### Item No. 1

TITLE	ADDENDUM 2 - Community Corrections Grant Agreement FY26-27
DEPARTMENT OR	Cuyahoga County Common Pleas Court / Corrections Planning Board

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 <i>(for grants with Cash Match and/or Subrecipients).</i>  <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i> ➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i> <input type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i> <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (BOC MTG DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections	July 1, 2023 – June 30, 2025	\$13,315,082.00 (Community	June 6, 2023	CON-2023-71 and

	Grant Agreement FY24-25 from the Ohio Department of Rehabilitation and Correction		Corrections Act Grant) + \$4,500,000.00 (Targeted Community Alternatives to Prison Grant)  TOTAL = \$17,815,082.00		CON2023-95
AMENDMENT (A-1)	Community Corrections Grant Agreement FY26-27 from the Ohio Department of Rehabilitation and Correction	July 1, 2025 – June 30, 2027	\$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A) + \$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B)  TOTAL = \$17,815,082.00	June 30, 2025	CON-2025-62

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (BOC MTG DATE)	APPROVAL NO.
AMENDMENT (A-2)	Community Corrections Grant Agreement FY26-27 from the Ohio Department of Rehabilitation and Correction	FY 2026-2027 (July 1, 2025 – June 30, 2027)	\$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A) + \$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B)  TOTAL = \$17,815,082.00		



DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Community Correction Act (CCA) Grant: CCA grant funds are intended to divert defendants/offenders associated with the Cuyahoga County Common Pleas Court into community-based supervision to benefit the offender, the criminal justice system and the public by providing a more cost-effective sanction than jail or prison, a chance for behavior change and a safer community.</p> <p>Targeted Community Alternatives to Prison (T-CAP): T-CAP grant funds are intended to allow local communities to effectively supervise, provide treatment services and hold accountable low-level, non-violent offenders in the community and at the same time reduce Ohio's prison population.</p> <p>CHANGE: This is a re-submission of the CCA 2.0 FY26–27 Grant Agreement due to language modifications made by the Ohio Bureau of Community Sanctions to Exhibit A (see orange highlights on page 2 ). While this is not a formal amendment, it is a repeat state grant award for the upcoming biennium.</p> <p>DIRECTIONS: The County Executive (Grantee) will need to re-sign the attached Grant Consolidated Agreement due to the recent changes made to Exhibit A.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>General Goal #1: Success Rate - The Grantee's success rate will be equal to or exceed 50% for individuals terminated from the organization during the grant performance period.</p> <p>General Goal #2: Projected Admission Number - The Grantee's admissions rate will be equal to or exceed 95% of the projected admissions by the organization in their grant application during the grant performance period.</p> <p>General Goal #3: Bureau of Community Sanctions (BCS) Performance Standards - The Grantee's biennial program review compliance rate will be equal to or exceed 60% for applicable Bureau of Community Sanctions (BCS) Performance Standards during the grant performance period.</p>

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	See below
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	See below
SUBRECIPIENT'S COUNCIL DISTRICT:	Entire County
DOLLAR AMOUNT ALLOCATED:	<p>The grant supports residential treatment services in the amount of \$460,000.00. Funds are to be allocated for the following services (approximate amounts): (1) Residential treatment services (TBD)</p> <p>The grant supports non-residential treatment services in the amount of \$2,918,735.00. Funds are to be allocated for the following services (approximate amounts):</p>

	(1) Domestic Violence Classes (anticipate Cleveland Municipal Court’s Domestic Intervention, Education and Training) (DIET) Program; Contact: Dean Jenkins/Probation Department) (2) Job Readiness Training (TBD) (3) Mental Health Counseling (anticipate Cuyahoga County Board of Developmental Disabilities; Contact: Sarah Cammock, Esq.) (4) Non-Support (anticipate Passages, Ince; Contact: Dr. Brian Moore) (5) Cognitive Behavior Classes (TBD) (6) Sex Offender Treatment (TBD)
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PROJECT COUNCIL DISTRICT:	Entire County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Entire County

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Rehabilitation and Correction
	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. 2

(See related list of Contracts \$0.00 - \$10,000.00 processed and executed for the week of 7/21/2025 in Section V. above).

## Item No. 3

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 6/1/2025-6/30/2025 in Section V. above).

## VI – PUBLIC COMMENT

## VII – ADJOURNMENT