



**Cuyahoga County Board of Control Agenda
Monday, August 18, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:
<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 8/11/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-518

Department of Public Works, recommending an award on Purchase Order No. 25003139 to APG Office Furnishings in the amount not-to-exceed \$14,415.90 for a joint cooperative purchase of (20) Victory Series Electric Table Bases for the County Administrative Headquarters.

Funding Source: General Fund

BC2025-519

Department of Public Works, submitting an amendment to Contract No. 4034 with PSX, Inc. for parking lot equipment maintenance and repair services at various County parking facilities for the period 1/10/2024 – 1/9/2026 to extend the time period to 1/9/2027 and for additional funds in the amount not-to-exceed \$130,000.00, effective upon signatures of all parties.

Funding Source: Parking Revenue Fund

BC2025-520

Department of Public Works, submitting an amendment to Contract No. 2905 with Cintas Corporation for Floor Mat services at various County buildings for the period 10/1/2022 - 9/30/2025 to extend the time period to 9/30/2026 and for additional funds in the amount not-to-exceed \$36,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-521

Department of Public Works, recommending an award on RQ16232 and enter into Contract No. 5519 with Specialized Construction Inc. (69-2) in the amount not-to-exceed \$715,436.65 for asphalt resurface preservation, crack sealing and striping for 2025 Countywide Preventative Maintenance Program, effective upon signatures of all parties through project completion.

Funding Source: County Motor Vehicle \$7.50 License Tax Funds

BC2025-522

Department of Sustainability on behalf of the County Executive's Office, submitting an amendment to a Grant Agreement (via Contract No. 4515) with Teaching Cleveland Foundation to provide funding for the Fresh Water Institute fellowship program for the period 6/24/2024 – 6/23/2026 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$152,000.00, effective upon signatures of all parties.

Funding Source: 75.66% HUD Fresh Water Institute Grant and 24.34% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2025-523

Department of Purchasing on behalf of the Department of Public Works, recommending to amend Board Approval No. BC2025-489, dated 8/4/2025, which approved an amendment to a Parking Management Agreement (via Contract No. 5144) with Shaia's Parking Inc. for management and operation of commercial parking lots commonly known as 1506 Superior Avenue and 1579 Superior Avenue in Cleveland for the period 2/7/2025 – 8/7/2025 to extend the time period to 2/7/2027 and for anticipated revenue in the amount of \$6,500.00 per month; to change the time period of 2/7/2027 to 8/7/2027.

Funding Source: Revenue Generating

BC2025-524

Department of Information Technology, recommending an award on Purchase Order No. 25003147 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$26,756.00 for a joint cooperative purchase of (5) Palo Alto Firewalls, licensing, support and maintenance services for a period of 3 years for the Board of Elections and the Automated Fingerprint Identification System (AFIS) located at the Medical Examiner's Office.

Funding Source: Capital Improvement Plan

BC2025-525

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to ERC Services, Inc. in the amount not-to-exceed \$10,640.00 for the purchase of Microsoft Training Courses (30 for Excel – all versions) and (75 for PowerPoint – all versions) under the Ohio TechCred Grant to be used between 8/12/2025 and 12/31/2025.

- b) Recommending an award on Purchase Order No. 25003150 to ERC Services, Inc. in the amount not-to-exceed \$10,640.00 for the purchase of Microsoft Training Courses (30 for Excel – all versions) and (75 for PowerPoint – all versions) under the Ohio TechCred Grant to be used between 8/12/2025 and 12/31/2025.

Funding Source: Ohio TechCred Round 30 Grant

BC2025-526

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to ERC Services, Inc. in the amount not-to-exceed \$13,680.00 for the purchase of Microsoft Training Courses (30 for Publisher) and (75 for PowerPoint – all versions) under the Ohio TechCred Grant to be used between 8/12/2025 and 12/31/2025.
- b) Recommending an award on Purchase Order No. 25003162 to ERC Services, Inc. in the amount not-to-exceed \$13,680.00 for the purchase of Microsoft Training Courses (30 for Publisher) and (75 for PowerPoint – all versions) under the Ohio TechCred Grant to be used between 8/12/2025 and 12/31/2025.

Funding Source: Ohio TechCred Round 31 Grant

BC2025-527

Department of Law,

- a) Submitting an RFP exemption, which will result in an award recommendation to Squire Patton Boggs (US) LLP in the amount not-to-exceed \$70,000.00 for legal services in connection with the work conducted under the Environmental Protection Agency's Climate Pollution Reduction Grant in the State of Ohio for the period 6/18/2025 through project completion.
- b) Recommending an award and enter into Contract No. 5532 with Squire Patton Boggs (US) LLP in the amount not-to-exceed \$70,000.00 for legal services in connection with the work conducted under the Environmental Protection Agency's Climate Pollution Reduction Grant in the State of Ohio for the period 6/18/2025 through project completion.

Funding Source: U.S. Environmental Protection Agency Climate Pollution Reduction Grant

BC2025-528

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Credible Messenger Mentoring Movement in the amount not-to-exceed \$18,000.00 for (3) days of Credible Messenger Mentorship Foundational Training to the Court and Project Lift for the period 7/1/2025 - 6/30/2026.

- b) Recommending an award and enter into Contract No. 5502 with Credible Messenger Mentoring Movement in the amount not-to-exceed \$18,000.00 for (3) days of Credible Messenger Mentorship Foundational Training to the Court and Project Lift for the period 7/1/2025 - 6/30/2026.

Funding Source: RECLAIM Grant

BC2025-529

Court of Common Pleas/Juvenile Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to COHR Psychologist & Associates in the amount not-to-exceed \$20,000.00 for sex offender assessment and treatment services for Court referred youth for the period 7/1/2025 – 6/30/2026.
- b) Recommending an award and enter into Contract No. 5535 with COHR Psychologist & Associates in the amount not-to-exceed \$20,000.00 for sex offender assessment and treatment services for Court referred youth for the period 7/1/2025 – 6/30/2026.

Funding Source: RECLAIM Grant

BC2025-530

County Prosecutor, recommending an award on Purchase Order No. 25003044 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$69,564.00 for a state contract purchase for replacement of (45) HP ZBook Firefly mobile workstations and (12) HP Elite Mini Desktop Computers for the Criminal Division.

Funding Source: General Fund

BC2025-531

County Prosecutor, recommending an award on Purchase Order No. 25003045 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,480.00 for a state contract purchase for replacement of (10) HP ZBook Firefly mobile workstations for the Foreclosure Unit.

Funding Source: County Prosecutor's Foreclosure Unit Fund

BC2025-532

Sheriff's Department, recommending an award and enter into Contract No. 5548 with Readiness Network Inc. dba International Academy of Public Safety in the amount not-to-exceed \$45,000.00 for a sole source purchase of eLearning software leadership training program for Law Enforcement and Sheriff's Deputies, effective upon signatures of all parties for a period of 3 years.

Funding Source: Continuing Professional Training Fund

BC2025-533

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 5027 with AT&T Corporation for renewal of the IP Flex and SIP circuits for network connectivity services for the Next Generation 9-1-1 System for the period 11/1/2024 - 10/31/2027 to add circuits and for additional funds in the amount not-to-exceed \$31,017.24, effective upon signatures of all parties.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2025-534

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5550 with AT&T Ohio in the amount not-to-exceed \$48,133.44 for renewal of DS1 lines for CAMA T-1 circuits for network connectivity services for the Next Generation 9-1-1 System, effective 7/1/2025-6/30/2026.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2025-535

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on Purchase Order No. 25003003 with Carahsoft Technology Corporation in the amount not-to-exceed \$25,709.77 for a state contract purchase of (6,000) envelopes for DocuSign Enterprise Pro for Government, licensing, support and Authentication – SMS subscription services for the period 7/8/2025 – 7/7/2026.

Funding Source: 66% Title IV-D Reimbursement and 34% Health and Human Services Levy

C. – Exemptions**BC2025-536**

Department of Public Works, recommending to amend Board of Control Approval No. BC2022-767, dated 8/14/2023, which authorized an alternative procurement process resulting in purchase orders to various vendors for the purchase of various automotive repair services in connection with vehicles involved in an accident for the Fleet Division on an as-needed basis for the period 8/14/2023 – 8/13/2025 to extend the time period to 8/13/2026 and to change the total amount not-to-exceed amount from \$125,000.00 to \$200,000.00.

a) Premier Auto Body & Collision Center, LLC

b) Valore's Truck Painting & Body Co.

Funding Source: County Fleet Division and charged back to County Departments

BC2025-537

Department of Purchasing, requesting an alternative procurement process, which will result in an award recommendation to Brink's U. S., a Division of Brink's Incorporated in the total amount not-to-exceed \$50,000.00 for armed guard and armored truck services for Fiscal Office/Auto Title Bureau locations and the Cuyahoga County Animal Shelter locations for the period 9/1/2025 – 12/31/2025.

Funding Source: 60% General Fund and 40% Other Health & Safety Fund

BC2025-538

Department of Purchasing, requesting an alternative procurement process, which will result in an award recommendation to Garda GL Great Lakes, Inc. in the total amount not-to-exceed \$50,000.00 for armed guard and armored truck services for various County Departments and other service locations for the period 9/1/2025 – 12/31/2025.

Funding Source: 70% General Fund and 30% Cuyahoga Support Enforcement Fund

D. – Consent Agenda

BC2025-539

Fiscal Department, presenting proposed travel/membership requests for the week of 8/18/2025:

Dept:	Medical Examiner's Office							
Event:	American Public Health Association Annual Meeting and Expo							
Source:	American Public Health Association							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Manreet Bhullar	10/31/2025 - 11/05/2025	\$330.00	\$360.00	\$2,110.30	\$288.58	\$259.96	\$3,348.84	Comprehensive Opioid Stimulant Substance Program

*Paid to host- No registration fee invitation only event

**Staff reimbursement

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

Purpose:

Manreet will be attending the American Public Health Association Annual Meeting in Washington D.C. She serves on the Science Board under the epidemiology section where she reviews and votes on the adoption of policy briefs and positions statements adopted by the APHA. She will also attend and participate in scientific sessions hosted by APHA including the alcohol, tobacco and other drugs sections. She serves as a section councilor for this section.

BC2025-540

Department of Purchasing, presenting proposed purchases for the week of 8/18/2025:

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
25003101	Various Ford automotive parts	Department of Public Works	Valley Ford Truck, Inc.	Not- to- exceed \$30,000.00	General Fund
25003086	(200) Riot Helmets and (50) Riot Batons	Sheriff's Department	Drellishak & Drellishak, Inc., dba Pro-Tech Security Sales	\$31,422.50	Federal Equitable Sharing Account
25003167	(1) Plug And Play 6 kVA / 6,000 Watt Power Conditioner, Voltage Regulator, & Battery Backup UPS With Built In Isolation Transformer	Medical Examiner's Office	Battery Backup Power Inc.	\$13,094.99	General Fund -This purchase will be reimbursed by the US Centers for Disease Control (CDC) Overdose Data to Action (OD2A) Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25002874	Out-of-home care placement services for the period 6/1/2025-6/30/2025 *	Division of Children and Family Services	Michael A Mitchell dba The Anthony House	\$22,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003017	Out-of-home care placement services for the period 6/1/2025-6/15/2025 *	Division of Children and Family Services	Alliance Summit Group, LLC	\$21,395.44	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003106	Out-of-home care placement services for the period 4/4/2025-4/30/2025, 5/1/2025-5/31/2025, 6/1/2025-6/30/2025 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$66,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003127	Out-of-home care placement services for the period 5/1/2025-5/31/2025,	Division of Children and Family Services	Alliance Summit Group, LLC	\$69,897.99	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

	7/1/2025-7/11/2025, 7/28/2025-7/31/2025 *				
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*Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Corrections Planning Board, submitting a core grant agreement with Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$295,000.00 in connection with the CY2025 Treatment Alternatives to Street Crime Grant Program for the period 1/1/2025 – 12/31/2025.

- a) Women's Reentry Pilot Program (Jail IOP) in the amount of \$95,000.00.
- b) Adult Treatment Drug Court in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.
- c) Treatment Capacity Expansion in the anticipated amount of \$100,000.00 for Non-Medicaid Substance Use Disorder (SUD) Treatment Services.

Funding Source: Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board

Item No. 2

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
n/a	4301	DLAJ, Inc.	Justice Center Food and Beverage Kiosk (Galleria Level)	Anticipated Revenue \$0.00	Department of Public Works	1/1/2024 – 6/30/2025 to extend the time period to 10/31/2025, effective upon signatures of all parties	Not applicable	(Executive) 8/12/2025 (Law) 8/12/2025
12469	3625	Monford Dent Consulting & Psychological Services, LLC.	for sex offender assessment and treatment services for Court-referred	\$10,000.00	Court of Common Pleas/Juvenile Court Division	7/1/2023- 6/30/2025 to extend the time period to 6/30/2026	(Original) RECLAIM Grant	(Executive) 8/12/2025

			youth project; to change the insurance requirements					
NA	3987	Nerve DJ Institute Corporation	for educational and vocational services for Court referred youths ages 16 to 20 with high risk for recidivism; to change the unit rate for the program to \$3,250.00 per YOUTH and to change the hours of direct instruction.	\$0.00	Court of Common Pleas/Juvenile Court Division	7/1/2023-6/30/2026	(Original) RECLAIM Grant	(Executive) 8/12/2025
NA	2437	Western Reserve Area Agency on Aging	Grant for transformational development to support various mission activities	\$0.00	Department of Health and Human Services/Office of the Director	10/17/2022-7/31/2025 to reallocate funds outlined in Exhibit A-11 titled "Budget" and to extend the time period to 12/31/2025	(Original) General Fund – American Rescue Plan Act (ARPA) Revenue Replacement / Provision of Government Services	(Executive) 8/12/2025 (Law) 8/11/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, August 11, 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

Michael Dever, Director Department of Public Works

Anita Curry, Purchasing Manager, Department of Purchasing (Alternate for Paul Porter)

Trevor McAleer, County Council (Alternate for Meredith Turner)

Joseph Nanni, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

II. – REVIEW MINUTES – 8/4/2025

Michael Chambers motioned to approve the minutes from the August 4, 2025, meeting; Trevor McAleer 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

BC2025-508

Department of Public Works, recommending an award on Purchase Order No. 25003029 with Montrose Ford, LLC in the amount not-to-exceed \$79,583.25 for a state contract purchase of (1) new, never titled 2025 Ford F550 RC Chassis for the Road and Bridge Division.

Funding Source: Road and Bridge Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-508 was approved by unanimous vote.

BC2025-509

Department of Development, submitting a Grant Agreement with Fund for Our Economic Future of Northeast Ohio (via Contract No. 5496) in the amount not-to-exceed \$150,000.00 to provide funding to Workforce Funders Group to support the overall strategic plan with a focus on innovative approaches to addressing workforce development system challenges in Cuyahoga County, effective upon signatures of all parties for a period of 1 year.

Funding Source: Economic Development Fund

Paul Herdeg, Department of Development, presented. Katherine A. Gallagher asked how much in Operating is approved to be paid out this year. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-509 was approved by unanimous vote.

BC2025-510

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$48,121.00 for renewal of (78) various Adobe software license subscriptions for the period 7/15/2025 – 7/14/2026.
- b) Recommending an award on Purchase Order No. 25002855 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$48,121.00 for renewal of (78) various Adobe software license subscriptions for the period 7/15/2025 – 7/14/2026.

Funding Source: 52% General Fund, 12% Motor Vehicle Gas Tax Fund, 36% Health and Human Services Levy Fund

Brianna Witt, Department of Information Technology presented. Joseph Nanni comment we were given a ballpark figure of \$185.00 per year, per user; however I just did the math and it's more like \$616.00 per user; asked are those different licenses; asked do you know why this is late, because we agreed to this back in June; asked will this be turned around quickly so the signature piece doesn't get turned off. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-510 was approved by unanimous vote.

BC2025-511

Court of Common Pleas/Corrections Planning Board, recommending an award and submitting a Subaward Agreement (via Contract No. 5537) with Cuyahoga County Common Pleas Court, Juvenile Division in the amount not-to-exceed \$695,400.00 for implementation of a Juvenile Violence Intervention Program (VIP) to prevent future gun violence in connection with the FY2024 Community Based Violence Intervention and Prevention Initiative Site-Based grant for the period 1/1/2025 – 9/30/2027.

Funding Source: FY2024 U.S. Department of Justice, Bureau of Justice Assistance, Office of Justice Programs grant

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. The Presenter commented this is a wonderful program and on behalf of the Court we are delighted to have the Juvenile Division and the General Division working together on this very important project. Ms. Lagunzad acknowledged Judge Thomas Ali, who will lead the Juvenile Division's Violence Intervention Program, Deputy Court Administrator, Bridget Gibbons and Director of Programming, Thomas Pipkin, There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-511 was approved by unanimous vote.

BC2025-512

Clerk of Courts, recommending an award on Purchase Order No. 25002945 to United States Postal Service in the amount not-to-exceed \$500,000.00 for the purchase of refill postage for the period 8/1/2025 – 12/31/2025, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

Angela Williamson, Clerk of Courts, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-512 was approved by unanimous vote.

BC2025-513

Department of Public Safety and Justice Services, Office of Emergency Management, recommending the payment of travel expenses for William Salmeron in the amount not-to-exceed \$1,000.00 for airfare and hotel accommodations in connection with his speaking engagement at the annual Emergency Management Summit to be held on October 29, 2025 in Cuyahoga County.

Funding Source: Office of Emergency Management

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-513 was approved by unanimous vote.

C. – Exemptions

BC2025-514

Treasurer's Office and Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process to determine award(s) in the total amount not-to-exceed \$500,000.00 based on a formal solicitation process of various nonprofit agencies with expertise in financial empowerment programs for establishment of a Financial Empowerment Center in Cuyahoga County in connection with the Cities for Financial Empowerment Grant for a period of 2 years.

Funding Source: (40%) Local Philanthropy, (30%) Cities for Financial Empowerment Grant; (20%) Delinquent Tax & Assessment Collection, (10%) Federal Temporary Assistance for Needy Families (TANF)

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-514 was approved by unanimous vote.

BC2025-515

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, requesting an alternative procurement process, which will result in an award recommendation to Amazon in the amount not-to-exceed \$80,000.00 for the purchase of various products on an as needed basis to be distributed to inmates being released from the Cuyahoga County Jail for the period 8/11/2025 – 12/31/2025.

Funding Source: Health and Human Services Levy Fund

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-515 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-516 through BC2025-517; Michael Dever seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-516

Fiscal Department, presenting proposed travel/membership requests for the week of 8/11/2025:

Dept:	Department of Health and Human Services							
Event:	Certified Welcoming Peer Auditor Program							
Source:	Welcoming America							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Tina Coleman	8/25/2025 – 8/28/2025	\$0.00	\$240.00	\$672.73	\$192.00	\$392.97	\$1,497.70	Welcoming America Sponsorship Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Request for Tina Coleman to attend the Certified Welcoming Peer Auditor Program Training in Atlanta, GA. Tina will have the opportunity to increase her field exposure, support other localities in their certification efforts, bring new ideas back to your community, and build deeper relationships across a network of dedicated practitioners representing local governments and community-based organizations. As indicated in the application, before embarking on an audit, Welcoming America expects your participation in a training to be held at Welcoming America's headquarters in Decatur, GA, August 26-

28, 2025 (arrival August 25). Flights, ground transportation, lodging, and meal expenses will be paid for by Welcoming America.

Dept:	Department of Health and Human Services							
Event:	37 th Annual Independent Living Conference Growing Pains 2025							
Source:	Daniel Memorial Institute							
Location:	Orlando, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Antoinette McSears-Parker	8/26/2025 – 8/29/2025	\$520.00	\$240.00	\$415.89	\$200.00	\$407.68	\$1,783.57	66% Health and Human Services Levy 34% Title IV-E
Aliyah Sands	8/26/2025 – 8/29/2025	\$335.00	\$240.00	\$207.96	\$200.00	\$407.68	\$1,390.64	66% Health and Human Services Levy 34% Title IV-E
Hon'nesty Smith	8/26/2025 – 8/29/2025	\$335.00	\$240.00	\$207.96	\$200.00	\$407.68	\$1,390.64	66% Health and Human Services Levy 34% Title IV-E

*Paid to host

**Staff reimbursement

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

Purpose:

Proposal to the 37th Annual National Independent Living Conference "Growing Pains 2025"

Workshop Title: Nothing About Us Without Us: Elevating the Voices of Transition Aged Youth through Agency and Action through Social Justice and Education Policy Initiatives

Workshop Summary:

This 90-minute session celebrates over 60 TAY Ohio who enrolled into higher education, with a 55% completion rate. The workshop will share key strategies for replicating this success and underscore the pivotal role of Cuyahoga County in transforming youth services throughout Ohio, especially through significant policy reforms via Ohio's House Bills 50 and 33. According to the Ohio Reach Designation Overview, outcomes for Ohio's former foster youth are among the worst in the nation, making the success of initiatives like the Sullivan - Deckard Scholarship Program essential to reversing these trends.

Conference Overview

The 37th Annual National Independent Living Conference, "Growing Pains 2025," hosted by Daniel Memorial Institute, is scheduled for August 26-29, 2025, at the Rosen Centre Hotel in Orlando, FL. This

conference is a must-attend event for youth service professionals, independent living professionals, and youth aged 15 and up.

Dept:	Sheriff's Department							
Event:	2025 National Negotiators Conference							
Source:	National Tactical Officers Association							
Location:	Chandler, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Ricardo Caraballo	10/26/2025 – 10/31/2025	\$369.00	\$300.00	\$950.00	\$370.00	\$600.00	\$2,589.00	Continued Professional Training Fund
Patricia Miller	10/26/2025 – 10/31/2025	\$369.00	\$300.00	\$950.00	\$370.00	\$600.00	\$2,589.00	Continued Professional Training Fund
Jakub Majestrik	10/26/2025 – 10/31/2025	\$369.00	\$300.00	\$950.00	\$370.00	\$600.00	\$2,589.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The trip is for the National Crisis Negotiator Conference. This is a weeklong training course in Chandler, Arizona. The training will cover advanced negotiation techniques several debriefs and multiple CNT seminars. This is also a great opportunity to network with other teams in the US and find out the best practice for CNT. The trip would require a commercial airline to get there. A rental car hotel and the cost of registration.

BC2025-517

Department of Purchasing, presenting proposed purchases for the week of 8/11/2025:

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
25003014	(4,800 tons) Assorted limestones, (20) each Class A rip rap stones and mason sand	Department of Public Works	RAR Contracting Company Inc.	Not-to - exceed \$200,000.00	Sanitary Sewer Fund

25003064	(1,200) Inmate restraints for Emergency Preparedness	Sheriff's Department	Vance Outdoors, Inc.	\$39,860.00	General Fund
25002972	(10) each Dragon Medical One's cloud based speech recognition software and subscription services for a period of 1 year	Medical Examiner's Office	Cleveland Business Supply dba Total Voice Technologies	\$13,530.00	Coroner Lab Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
8910	2628	Professional Service Industries, Inc.	for general environmental consulting services	\$0	Department of Public Works	8/1/2022 – 7/31/2025 to extend the time period to 2/28/2027, effective upon signatures of all parties	(Original) General Fund	(Executive) 8/1/2025 (Law) 7/31/2025
	4661	The City of Cleveland Heights, OH	For repair of conditions in child care facilities that place young children at risk for lead poisoning in connection with the Lead Safe Ohio Grant Program; to amend the terms of section 1.4 Disbursements by adding additional language, effective upon signatures of all parties.	\$0	Department of Housing and Community Development	Section 1.2 of the Original Contract is amended to state that the term commences 3/1/2024 and continues to 12/31/2025	(Original) Lead Safe Ohio Program Funds	(Executive) 5/8/2025 (Law) 8/6/2025

	3525 FKA 1555	WellSky Human and Social Services Corporation	for the implementation of a software solution to support automated data transfers from the PeerPlace system to WellSky Aging and Disability system fka Social Assistance Management System (SAMS) to amend Exhibit A to add Exhibit A-2 representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$1,970.86, effective 8/1/2025	\$1,970.86		8/1/2021 – 7/31/2025 to extend the time period to 7/31/2026	(Original) Health and Human Services Levy Fund	(Executive) 8/5/2025 (Law) 8/5/2025
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Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0210	Right-of-Way Acquisition for rehabilitation of North Marginal Road Connector from East 9 th Street to East 55 th Street in the City of Cleveland related to Public Convenience and Welfare (R2023-0192). (Contract No. 5541 - Lakeside Yacht Club)		\$80,013.00	County Road and Bridge Funds	Executive) 8/5/2025 (Law) 8/6/2025

Item No. 2

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 7/1/2025 – 7/31/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “8/11/25 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:18 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-518

Title	PO25003139-Public Works -Electric Table Base Replacements-APG Office Furnishings	
Department or Agency Name	Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	25003139	APG Office Furnishings	Upon Execution	\$14,415.90	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Public Works is requesting a purchase order for (20) ESI Ergonomic Solutions Electric Table Base Replacements for the Cuyahoga County Administrative Headquarters. This purchase will be made through the Fellowes ESI Omnia Contract #R221001, exp. 12/31/2026, resulting in a purchase order in the amount of \$14,415.90.</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 checked="" type="checkbox"/> Replacement</p> <p>Age of items being replaced: 12 How will replaced items be disposed of? Disposal</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The Department of Public Works is requesting a purchase order for (20) ESI Ergonomic Solutions Electric Table Bases for the Cuyahoga County Administrative Headquarters. This purchase replace older broken table bases within the County Administrative Headquarters.</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):
APG Office Furnishings 12075 Northwest Blvd. Suite 100	Joe Moran, Sales Representative

Cincinnati, Ohio 45246	
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 type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The County is utilizing JCOP contract which was previously bid and/or negotiated, allowing government entities access to favorable costs and services. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Fellowes ESI Contract #R221001 exp. 12/31/2026
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 54300 100 UCFAC510149
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):	7.22.25
Date documents were requested from vendor:	NA
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	NA
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):

BC2025-519

Title	Public Works - Parking Lot Equipment Services - PSX Inc. - Contract Amendment
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	4034	PSX, Inc	1/10/2024 - 1/9/2026	\$49,999.00	1/29/2024	BC2024-66
A-1	4034	PSX, Inc	1/10/2024 - 1/9/2026	\$45,000.00	2/3/2025	BC2025-65
A-2	4034	PSX, Inc.	1/10/2024 – 1/9/2027	\$130,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

This request is to amend the contract with PSX, Inc. for parking lot equipment services, to add additional funds in the amount of \$130,000.00 and extend the contract to 1/9/2027.

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):

This amendment with PSX, Inc. will add funds and extend the current contract's time period for parking lot equipment maintenance and repairs. PSX, Inc. provides parking lot equipment services at multiple County lots on an as-needed basis.

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):
PSX, Inc. 2340 Hamilton Ave. Cleveland, OH 44114	Paul Hutchison/President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. The contract is currently active and this amendment extends it the time and adds needed funds. *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) CM4034 – Original was an 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.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Parking Revenue Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW705100 - 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.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

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

BC2025-520

Title	Public Works; Cintas Corporation - Contract Amendment – Floor Mats
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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	CM2905	Cintas Corporation	10/1/2022 – 9/30/2025	\$72,783.14	12/19/2022	BC2022-772
A-1	CM2905	Cintas Corporation	10/1/2025 – 9/30/2026	\$36,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval to amend the floor mats contract, by adding \$36,000 and extending the contract to one-year to end 9/30/2026.
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): This will amend the current contract by adding \$36,000.00 and extending the term until 9/30/2026, for continuous floor mat services.

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In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Cintas Corporation 8221 Dow Circle Strongsville, OH 44136	RaeAnne Johnson
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. Cintas Corporation is the current vendor that provides floor mat services for various county buildings. This is an active contract being amended for additional funds and term extension to 2026. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input 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) RFP
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. 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.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-521

Title	2025 County Route Crack Sealing Program: Asphalt Surface Preservation, Crack Sealing and Striping.	
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.
Original	CM5519	Specialized Construction Inc.	N/A	\$715,436.65	Pending	Pending

Service/Item Description (include quantity if applicable). The work within the limits of this project shall include the asphalt surface preservation crack sealing and striping of various pavements as stipulated in the Special Provisions, Supplemental Specifications, Proposal Notes and elsewhere in the bid package documents.
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): The work within the limits of this project shall include the asphalt surface preservation crack sealing and striping of various pavements as stipulated in the Special Provisions, Supplemental Specifications, Proposal Notes and elsewhere in the bid package documents.

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):
Specialized Construction Inc. 711 Harvard Ave, Cuyahoga Heights, Ohio 44105	Brain Hall
Vendor Council District:	Project Council District:
District 8	District -Various Districts
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#16232 (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. *See Justification for additional information.
The total value of the solicitation: \$715,436.65 Number of Solicitations (sent/received) 2 / 2	<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 () SBE (6%) MBE (2%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. This Project was a SBA Set-Aside Project: Vendor 1 was not Certified with Cuyahoga County as a SBA Therefore Deemed Non-Compliant 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: This Project was a SBA Set-Aside Project: Vendor 1 was not Certified with Cuyahoga County as a SBA Therefore Deemed Non-Compliant	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<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 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. County Motor Vehicle \$7.50 Fund
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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.
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):

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):	8/12/25
Date documents were requested from vendor:	7/11/25
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-522

Title	Freshwater Institute Fellowship Program
Department or Agency Name	Department of Sustainability
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4515 EXMT	Teaching Cleveland	06/24/2024 – 06/16/2026	\$90,000.00	06/17/2024	BC2024-464
1 st Amendment	CM4515	Teaching Cleveland	06/24/2024 – 06/30/2026	\$152,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Fresh Water Institute Fellowship Program is a two-year program with specialized curriculum focused on urban water cycles, the Great Lakes, and the complex environment and social issues surrounding water as an essential resource. Each year, approximately 30 high school students from across Cuyahoga County (including approximately one third from Cleveland Metropolitan School District, one third from inner-ring suburban public high schools) will participate in six to eight months of out-of- school programming and a one-week intensive summer program. Following the summer field immersive programming, our fellows will have the opportunity to opt-in to a second year of programming where they will complete a capstone project diving deeper into specific focus areas. Throughout the program, students will have the opportunity to explore our region's freshwater resources including activities on the Cuyahoga River and Lake Erie, tours of regional utilities and parks, as well as learning directly from professionals working in water. The program was developed by the Teaching Cleveland Foundation (Teaching Cleveland) in partnership with Syatt.</p>	
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>	
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____</p>	
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>To have students acquire a comprehensive understanding of water issues</p> <p>To have students help develop solutions to water-related challenges</p> <p>To have students help northeast Ohio enhance the protection and restoration efforts for a sustainable future of Lake Erie</p> <p>To add funds in the amount of \$152,000.00 and extend the contract to end on June 30, 2026.</p>	

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Teaching Cleveland 4146 Giles Road Moreland Hills, OH 44022	Greg Deegan Executive Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>This request is for an amendment to an existing approved contract. This grant is an initiative of the Executive Office.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption – sub grant
	<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. 75.66% HUD Fresh Water Institute Grant 24.34 ARPA Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100500, EX275105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

HISTORY (see instructions): see chart above

BC2025-523

TITLE	Amend BC2025-489 dated 8/4/2025 Shaia's Parking Inc. (CM5144) to correct the time period
DEPARTMENT OR AGENCY NAME	Department of Purchasing

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	To correct a clerical error on the Agenda. The contract amendment was for an extension of time to 8/7/2027 and not 2/7/2027.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	2/3/2025	BC2025-69
AMENDMENT (A)	8/4/2025	BC2025-489

BC2025-524

Title	Firewall Replacements for the Board of Elections and Automated Fingerprint Identification System	
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):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003147 JCOP	MNJ Technologies Direct, Inc.		\$26,756.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Firewall Replacements for the Board of Elections in the amount of \$26,756.00.

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

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

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

Project Goals, Outcomes or Purpose (list 3):

This request is to replace a number of Firewalls that are either at end of support or coming due for end of support in 2025. These firewalls will replace the existing firewalls for the Board of Elections at their two facilities, as well as the three firewalls for the Automated Fingerprint Identification System (AFIS.)

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 Bufalo Grove, IL	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 <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A formal competitive process has been completed through NCPA with a joint cooperative award being made to MNJ Technologies. All vendors awarded through NCPA have undergone a formal competitive bid process, providing Cuyahoga County the opportunity to access the lower contracted pricing.

	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Contract NCPA-01-148 expires November 30, 2025
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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 Improvement Plan 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):

BC2025-525

Title	Human Resources; 2025; Purchase Order with ERC Services, Inc. for Microsoft Office Suite Product Training Courses under the Ohio Department of Development TechCred Training Grant Round 30 in the amount NTE \$10,640.00
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25003150 EXMT	ERC Services, Inc.	Award- 12/31/2025	\$10,640.00		PENDING

BC2025-526

Title	Human Resources; 2025; Purchase Order with ERC Services, Inc. for Microsoft Office Suite Product Training Courses under the Ohio Department of Development TechCred Training Grant Round 31 in the amount NTE \$13,680.00
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25003162 EXMT	ERC Services, Inc.	Award- 12/31/2025	\$13,680.00		PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>ERC will provide training courses for Microsoft Office Products, specifically Publisher (up to 30) and PowerPoint (up to 75) under the Ohio TechCred grant awarded to the County. These courses will be made available to all Executive agency staff to register and complete in a process still being finalized. The availability of these courses provides additional capacity to training County employees to our current training programs offered by our Organization and Employee Development (OED) team.</p> <p>The cost of these courses is reimbursable under the Ohio Department of Development's TechCred grant program, which awards up to \$30,000 for training up to six (6) times a year.</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): The primary goals of this project are to supplement the OED's teams training offerings, improve County employee skillsets, and offer growth opportunities to learn software that employees use every day.</p>
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In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
ERC Services, Inc. 387 Golf View Lane, Suite 100 Highland Heights, Ohio 44143	Kelly Keefe, President/CEO
Vendor Council District:	Project Council District:
11	County-wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This grant program is new for the County with the first few rounds of applications utilizing quotes from several known training vendors experienced with the grant program. Efforts are being made for future applications to follow purchasing policy with bidding and quotes where possible. *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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 7/30/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

100% Ohio TechCred Round 31 Grant

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

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

HR290200

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

Provide status of project.

Due to delays in setup, these courses must be completed before the end of the year for reimbursement by the State.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	
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Date documents were requested from vendor:	
--	--

Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
---	--

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

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

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

HISTORY (see instructions):

Service/Item Description (include quantity if applicable).

ERC will provide training courses for Microsoft Office Products, specifically Excel (up to 30) and PowerPoint (up to 75) under the Ohio TechCred grant awarded to the County. These courses will be made available to all Executive agency staff to register and complete in a process still being finalized. The availability of these courses provides additional capacity to training County employees to our current training programs offered by our Organization and Employee Development (OED) team.

The cost of these courses is reimbursable under the Ohio Department of Development's TechCred grant program, which awards up to \$30,000 for training up to six (6) times a year.

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: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goals of this project are to supplement the OED's teams training offerings, improve County employee skillsets, and offer growth opportunities to learn software that employees use every day.

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):
ERC Services, Inc. 387 Golf View Lane, Suite 100 Highland Heights, Ohio 44143	Kelly Keefe, President/CEO
Vendor Council District:	Project Council District:
11	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This grant program is new for the County with the first few rounds of applications utilizing quotes from several known training vendors experienced with the grant program. Efforts are being made for future applications to follow purchasing policy with bidding and quotes where possible. *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 ().
	<input type="checkbox"/> Government Purchase

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 7/30/2025
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Ohio TechCred Round 30 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. HR290200
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.	
Due to delays in setup, these courses must be completed before the end of the year for reimbursement by the State.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

BC2025-527

Title	CPRG Tax Credit Legal Support
Department or Agency Name	Department of Law
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	5532	Squire Patton Boggs LLP	6/18/2025 – 9/30/2029	\$70,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Department of Law, in collaboration with the Department of Public Works, plans to contract with Squire Patton Boggs LLP for the period 6/18/2025 to 9/30/2029 to serve as Cuyahoga County's outside counsel to support work conducted under the United States Environmental Protection Agency's Climate Pollution Reduction Grant in the amount not-to-exceed \$70,000.00. The scope of work for this contract is itemized in Exhibit A of the engagement letter but focuses on the utilization of and compliance with existing federal tax credits for renewable energy.

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):

Acquiring legal support to ensure Cuyahoga County is able to take advantage of, and remain in compliance with, federal regulations regarding renewable energy tax credits

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):
Squire Patton Boggs (US) LLP 1000 Key Tower 127 Public Square Cleveland, OH 44114	Ryan Callender Partner
Vendor Council District:	Project Council District:

7	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This contract is being submitted for approval per section 501.12(B)(2) of the Cuyahoga County Code. *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% 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Squire Patton Boggs needed to renew their Inspector General registration as well as provide all new documents as it has been a few years since they have served Cuyahoga County. Unfortunately, the need for their service necessitated	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/23/2025
Date documents were requested from vendor:	6/25/2025
Date of insurance approval from risk manager:	7/18/2026
Date Department of Law approved Contract:	7/18/2026
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) A time sensitivity exists around the work Squire Patton Boggs is performing for Cuyahoga County due to ongoing federal funding volatility and threats to sunset renewable energy tax credits in the future. Cuyahoga County has an opportunity to take advantage of tax credits as they are, but that requires an acceleration of procurement activity.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A

BC2025-528

Title	CREDIBLE MESSENGER TRAINING AND CONSULTATION, CREDIBLE MESSENGER MENTORING MOVEMENT
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5502	Credible Messenger Mentoring Movement	7/1/2025- 06/30/2025	\$18,000.00	Pending	Pending

Service/Item Description (including quantity if applicable).

The vendor shall provide all training in-person to Court and Project Lift jointly at a location of the Court's choosing on topics outlined in schedule-1. Funding for this agreement shall not exceed \$18,000.00. for the term starting July 1, 2025, and ending on June 30, 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: n/a How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3): Vendor to provide a one-time 3-day foundational training for Project Lift, and the Court.

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: 1200 U Street NW Washington, DC. 20009	Owner, executive director, other (specify): James Hartman, CFO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

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

Reason: The delay is due to the RECLAIM Grant, award process, approval and funding for the new activity code, and the vendors' delay in returning compliance documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4.1.25
Date documents were requested from vendor:	5.15.25
Date of insurance approval from risk manager:	4.7.25
Date Department of Law approved Contract:	5.6.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-529

Title	CONTRACT FOR SEX OFFENDER ASSESSMENT AND TREATMENT SERVICES - COHR PSYCHOLOGIST & ASSOCIATES	
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	5535	COHR Psychologist & Associates	7/1/2025- 6/30/2026	\$20,000.00	pending	

Service/Item Description (including quantity if applicable). Vendor to provide Juvenile Sex Offender Assessment and Treatment Services for Court referred youth for a term starting July 1, 2025, until June 30, 2026. Funding for this contract shall not exceed \$20,000.00.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3): The Vendor shall ensure that delivery of all services aligns with the program's treatment model and meet the best practices and standards for juvenile problem sexual behavior interventions and treatment. The delivery of all services shall be family centered, and trauma informed.

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: COHR Psychologist & Associates, LLC 5001 Mayfield Rd. #213 Lyndhurst, Ohio 44124	Owner, executive director, other (specify): Tanisha L. Knighton, PH.D. (Founder/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 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)
RFP Exemption – County Code 501.12(D)	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to the RECLAIM Grant, award process, and the late submission of documents by the vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5.20.25
Date documents were requested from vendor:	7.18.25
Date of insurance approval from risk manager:	7.23.25
Date Department of Law approved Contract:	7.23.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-530

Title	Request for PO #25003044 STAC with MNJ Technologies Direct for (45) mobile workstations and (12) desktop computers for the Criminal Division in the amount of \$69,564.00
Department or Agency Name	Cuyahoga County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25003044 STAC	MNJ Technologies Direct, Inc.	N/A	\$69,564.00	pending	pending

Service/Item Description (include quantity if applicable). (45) HP ZBook Firefly 16" Mobile Workstations 32 GB (12) HP Elite Mini 800 G9 Desktop Computers Replacing outdated equipment with new items using state term contracting pricing
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): Replacing outdated laptop computers and desktop computers for newer product

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, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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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. Purchased through State Contract #534486 *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 STS 534486 expires 7-02-2028 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% County Prosecutor's General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS100100

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

BC2025-531

Title	Request for PO #25003045 STAC with MNJ Technologies Direct for (10) mobile workstations for a total of \$13,480.00		
Department or Agency Name	Cuyahoga County Prosecutor's Office		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25003045 STAC	MNJ Technologies Direct, Inc.	N/A	\$13,480.00	pending	pending

Service/Item Description (include quantity if applicable).

(10) HP ZBook Firefly 16" Mobile Workstations 32 GB for the Foreclosure Unit.

Replacing outdated equipment with new items using state term contracting pricing

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): Replacing outdated laptop computers and desktop computers for newer product

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, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (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. Purchased through State Contract #534486 *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 STS 534486 expires 7-02-2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% County Prosecutor's Foreclosure Unit Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS250100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-532

Title	CM# /Readiness Network Inc for Emergent Leadership Training
Department or Agency Name	Sheriff
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	5548	Readiness Network Inc	Upon signature – 3 years	\$45,000	Pending	Pending

Service/Item Description (include quantity if applicable).

Leadership training program that will be available to all Law enforcement Deputy Sheriffs within the Sheriff Department

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):

This leadership training will provide our staff with the ability to improve their potential leadership skills and enhance their performance to deliver results that benefit both themselves and the County.

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

Vendor Name and address:	Owner, executive director, other (specify):
Readiness Network Inc 338 Raleigh Street Holly Springs, NC 27540	Manoochehr Javidi, Chairman and Founder
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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 checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (0). Event 6446
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. Continuing Professional Development Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. SH285165
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-533

Title	5027 - AT&T IPFlex Circuits Amendment
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5027	AT&T	11/01/2024-10/31/2027	\$194,700.00	12/9/2024	BC2024-931
A-1	5027	AT&T	11/01/2024-10/31/2027	\$31,017.24	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>AT&T provides network connectivity for Cuyahoga County's 911 System. This amendment will increase the budget amount for IPFlex Circuits that allows County PSAPs (Public Safety Answering Points) to port their 10-digit lines Admin lines onto the 911 system. This amendment is necessary as it will add additional support and services for the existing circuit.</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>Allow for automatic abandon call back services.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
AT&T 208 S Akard ST. Dallas TX 75202	John Stankey CEO
Vendor Council District:	Project Council District:
N/A	All.
If applicable provide the full address or list the municipality(ies) impacted by the project.	All.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
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
<p>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.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<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) Public Utility (911 System) – O.R.C 128.03 (F)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: Pending
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. Wireless 9-1-1 Government Assistance Fund (100%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Wireless: PJ280105
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. In progress.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-534

Title	5550 - 2025 Renewal of AT&T DS1 Circuits	
Department or Agency Name	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.
O	5550	AT&T	7/1/2025- 6/30/2026	\$48,133.44	Pending	Pending

Service/Item Description (include quantity if applicable). AT&T provides network connectivity for Cuyahoga County's 911 System. This renewal will extend the DS1 circuits that transmit for the Cleveland and Columbus headends/data centers where all the CAMA circuits ride into the 911 system.
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): Renew the DS1 circuits required for the 911 system.

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):
AT&T 208 S Akard ST. Dallas TX 75202	John Stankey CEO
Vendor Council District:	Project Council District:
N/A	All.
If applicable provide the full address or list the municipality(ies) impacted by the project.	All.

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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*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: Public Utility (911 System) – O.R.C 128.03 (F)

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: Pending
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. Wireless 9-1-1 Government Assistance Fund (100%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Wireless: PJ280105
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. In progress.	
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: PSJS did not receive the initial documentation until July 11 th 2025, after requesting documentation in January of 2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	01/23/2025
Date documents were requested from vendor:	01/23/2025
Date of insurance approval from risk manager:	Pending
Date Department of Law approved Contract:	Pending
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
01/23/2025 - PSJS repeated request renewal documents from AT&T during monthly call. 02/07/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents 02/20/2025 - PSJS repeated request for renewal documents from AT&T during monthly call. 03/18/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents. 04/10/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents. 04/22/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents. 05/08/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents. 05/09/2025 - PSJS repeated request renewal documents from AT&T during monthly call. 05/13/2025 - PSJS sent f/u email to AT&T requesting contract renewal documents. 05/30/2025 - PSJS repeated request for renewal documents during monthly call. 06/13/2025 - AT&T sent over renewals for review. 06/17/2025 - PSJS sent renewal back to AT&T for correction to price. 06/26/2025 - PSJS repeated request for renewal documents during monthly call. 07/09/2025 - AT&T sent over revised renewals for review. 07/10/2025 - PSJS communicated the new renewals were approved for signature. 07/11/2025 - PSJS received signed documentation from AT&T. 07/15/2025 - PSJS submitted documentation for TAC approval process. 07/15/2025 - PSJS submitted to Law for Approval. 07/16/2025 - PSJS received Law Approval. 07/16/2025 - PSJS received approval from Risk Management. 07/31/2025 - PSJS received approval from TAC. 08/06/2025 - PSJS received TAC minutes.	

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-#)						
O	1141	AT&T	7/1/2019-6/30/2024	\$178,272.00	Approved 7/1/2019 - as purchase order. Approved 3/15/2021 as contract.	BC2019-497/ BC2021-115
A-1	2281	AT&T	7/1/2019-6/30/2024	\$17,826.00	4/26/2022	BC2022-253
A-2	2281	AT&T	7/1/2019-6/30/2024	\$44,030.00	4/24/2023	BC2023-255
A-3	5005	AT&T	7/1/2024-6/30/2025	\$35,660.00	12/9/2024	BC2024-929

BC2025-535

Title	OCSS 2025: DocuSign Enterprise Pro for Government	
Department or Agency Name	Department of Health and Human Services/Office of Child Support Services	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003003	Carahsoft	7/8/2025 – 7/7/2026	\$25,709.77		

Service/Item Description (include quantity if applicable). DocuSign Enterprise Pro for Gov – Env 6000 Enterprise Premier Support 22% of Recurring Fees Authentication - SMS - Usage Subscription Per Envelope
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): 1. Reduce turnaround time for forms, contracts, and approvals 2. Provide a secure, auditable trail for each transaction 3. Reduce in-person visits, improving access for underserved populations

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: Carahsoft 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Meagan Phillips
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 checked="" 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 checked="" type="checkbox"/> No, please explain. Separate Item	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 66% Title IV-D Reimbursement and 34% 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. HS245100/55130/UCH00000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The agency had concerns regarding the prior year’s contract performance, specifically the loss of startup time caused by delays in the vendor’s onboarding and training process. As a result, we negotiated concessions with the vendor—specifically 1,450 additional envelopes—which are reflected in this quote. Finalizing these terms took significantly longer than anticipated due to delayed responses from the vendor. We do not expect this type of delay to occur again.	
Timeline: Received quote 07/25/2025-DoP Approval on 07/30/2025. Entered into Onbase 08/01/2025	
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	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-#)						
O	24002010	Carahsoft Technology Corporation	6/8/2024 – 7/7/2025	\$28,539.07	5/28/2024	BC2024-407

C.- Exemptions

BC2025-536

TITLE	Public Works – Fleet Accident Repairs – Amendment to Alternate
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" 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.
	8/14/23	BC2023-513

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Works is requesting to amend an Alternative Procurement process that will result in as-needed Purchase Orders to various automotive repair vendors. The County’s Fleet Division provides maintenance and repair of critical vehicles and equipment within the County and relies on external vendor partners to provide accident repairs as they’re needed.</p> <p>This amendment will continue to allow the Fleet Division to access vendors on an as-needed basis for those vehicle accident repair services in a timely manner that meets the needs of the County.</p> <p>The two (2) vendors that were originally identified through a competitive bid process were Premier Auto Body & Collision Center LLC and Valore’s Truck Painting & Body Co.</p> <p>The dates of the original Alternative Procurement are 8/14/23 – 8/13/25, with \$125,000.00 in as-needed funding. This amendment will extend the term to 8/13/26 and add allowable funds in the amount of not-to-exceed \$75,000.00.</p>
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	Fleet Services Fund (Charged back to Departments)

BC2025-537

TITLE	Purchase Orders with Brink's – Alternative Procurement
DEPARTMENT OR AGENCY NAME	Department of Purchasing

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.
	N/A	

DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting an Alternative Procurement to issue various purchase orders with Brink's for Armed Guard and Armored Truck services for the time period July 1, 2025 – December 31, 2025 for Fiscal Office/Auto Title Bureau locations and the Cuyahoga County Animal Shelter locations in the total amount NTE \$50,000.00.
	The vendor has no auditor's findings against them, is not on the current debarment list and is registered with the IG's office.

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.		
	FS100127 55130 – 100% General Fund - \$50,000.00		
	Department Information for estimated charge-back purposes:		
	Fiscal / Auto Title	\$30,000.00	60% general fund
	Public Works / County Animal Shelter	\$20,000.00	40% Other health & safety

BC2025-538

TITLE	PURCHASE ORDERS WITH GARDA - ALTERNATIVE PROCUREMENT
DEPARTMENT OR AGENCY NAME	Department of Purchasing

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	N/A	
DESCRIPTION/ EXPLANATION OF REQUEST:	Requesting an Alternative Procurement to issue various purchase orders with GARDA GL Great Lakes, Inc. for the time period July 1, 2025 – December 31, 2025 for various downtown and other service locations in the City of Cleveland in the total amount NTE \$50,000.00.	
	The vendor has no auditor's findings against them, is not on the current debarment list and is registered with the IG's office.	
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.	
	70% General Fund	
	30% Cuyahoga Support Enforcement CP100170 55130; SH100140 55130; PB100100 55130; HS245100 55130; CC100100 55130; JC100110 55130; FS100130 55130	

D. - Consent Agenda

BC2025-539

(See related items for proposed travel/memberships for the week of 8/18/2025 in Section D above).

BC2025-540

(See related items for proposed purchases for the week of 8/18/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE:	CY2025 Core Contract – ADAMHS Board and Cuyahoga County Corrections
DEPARTMENT OR AGENCY NAME	Corrections Planning Board, TASC
REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	CCCC Womens Reentry Jail IOP Adult Treatment Drug Court Treatment Capacity Expansion	1/1/2024 – 12/31/2024 1/1/2024 – 12/31/2024 1/1/2024 – 12/31/2024	\$100,000 Fee for Service est at \$100,000 Fee for Service est at \$100,000	3/11/2024	CON2025-25
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The CY2025 Core Contract includes three grants awarded by the ADAMHS Board of Cuyahoga County to the Corrections Planning Board, TASC. The first grant, Cuyahoga County Community Corrections Womens Jail Intensive Out Patient, is a fixed amount grant for \$95,000 to pay for clinical staff providing Substance Use Disorder (SUD) services provided primarily to women in the criminal justice system. The second grant is a fee for service grant, Adult Treatment Drug Court, estimated to generate up to \$100,000 per year by TASC staff providing SUD and ancillary services to clients enrolled in the Drug Court program. The third grant, Treatment Capacity Expansion (TCE), is a fee for service grant that will generate from SUD and Ancillary services provided to non-Drug Court clients participating in Assessment, Case Management, Out Patient and Intensive Out Patient services and treatment. This grant is estimated to generate up to \$100,000 per year. In total, this contract grant award will generate up to \$295,000 in funding and fees to TASC to cover the costs of salaries, benefits and other expenses such as bus tickets for clients.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The purpose of these grants is to provide SUD Services and Treatment to clients receiving supervision by the Court's Probation.				
	The Adult Treatment Drug Court grant supplements funding for salaries for staff providing case management services to clients.				
	The Treatment Capacity Expansion grant supplements funding for salaries for staff providing Assessments in the jail and in the office.				

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County
	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 up to \$10,000.00 – processed and executed for the week of 8/18/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT