



**Cuyahoga County Board of Control Agenda
Monday September 29, 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 – 9/22/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-608

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Trane U.S. Inc. dba Trane in the amount not-to-exceed \$19,314.00 for preventative maintenance services on various Trane HVAC equipment at the Jane Edna Hunter, Metzenbaum Center and William Patrick Day buildings for the period 7/8/2025 – 7/7/2026.
- b) Recommending an award and enter into Contract No. 5640 with Trane U.S. Inc. dba Trane in the amount not-to-exceed \$19,314.00 for preventative maintenance services on various Trane HVAC equipment at the Jane Edna Hunter, Metzenbaum Center and William Patrick Day buildings for the period 7/8/2025 – 7/7/2026.

Funding Source: General Fund

BC2025-609

Department of Development, submitting a Grant Agreement with Re:Source Cleveland (via Contract No. 5661) in the amount not-to-exceed \$150,000.00 to provide funding for Navigator positions, management oversight and direct services in connection with the Newcomer Navigators Project, for the period 10/17/2025 through 10/16/2026.

Funding Source: Economic Development Fund

BC2025-610

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 5645 (fka Contract No. 2120) with Passages Connecting Fathers and Sons, Inc. for implementation of the Cognitive Behavioral Interventions for Offenders Seeking Employment Program for moderate and high-risk level offenders who are unemployed or underemployed, for the period 7/1/2021 - 6/30/2025 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$532,738.00.

Funding Source: Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act Grant

BC2025-611

Sheriff's Department, recommending to amend Board of Control Approval No. BC2025-501 dated 8/4/2025 which approved an application and Subgrant Award from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount of \$30,000.00 to enhance technology and expand existing violence reduction strategies in connection with FY2024 In-Vehicle Dash-Cam System Response to Violent Crime Grant for the period 1/1/2025 to 12/31/2025, to change the 25% Cash Match funding source from Federal Equitable Sharing Account to Law Enforcement Trust Fund.

Funding Source: 75% Ohio Department of Public Safety, Office of Criminal Justice Services (\$22,500.00) and 25% Cash Match Law Enforcement Trust Fund (\$7,500.00)

BC2025-612

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Kaseware, Inc. in the amount not-to-exceed \$16,650.00 for the renewal of (9) user licenses for a data sharing platform for use by the Ohio Fusion Center Network for the period 10/1/2025 – 9/30/2026.
- b) Recommending an award on Contract No. 5536 to Kaseware, Inc. in the amount not-to-exceed \$16,650.00 for the renewal of (9) user licenses for a data sharing platform for use by the Ohio Fusion Center Network for the period 10/1/2025 – 9/30/2026.

Funding Source: FY2024 State Homeland Security Grant Program

BC2025-613

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 4085 (fka Contract No. 3926) with Community of Hope for trauma informed team mentoring services for young adults ages 18-24 who have and/or are aging out of the foster care system in Cuyahoga County for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 and to add Exhibit 3-B, which represents the budget for the term of this Amendment and for additional funds in the amount not-to-exceed \$150,000.00, effective 1/1/2026.

Funding Source: 65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

BC2025-614

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

- a) Submitting an RFP exemption, which will result in an award recommendation to A Place 4 Me Collaborative in the amount not-to-exceed \$64,837.00 for independent living skills training for youth and young adults, ages 14-21 for the period 10/1/2025 – 9/30/2026.
- b) Recommending an award and enter into Contract No. 5652 with A Place 4 Me Collaborative in the amount not-to-exceed \$64,837.00 for independent living skills training for youth and young adults, ages 14-21 for the period 10/1/2025 – 9/30/2026.

Funding Source: 65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

BC2025-615

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a master contract with various providers for Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 12/31/2026 for additional funds in the total amount not-to-exceed \$686,951.00, with the following providers effective upon signatures of all parties:

a) For additional funds:

- 1) Contract No. 3768 with PurFoods, LLC dba Mom's Meals for Home Delivered Meals services in the amount not-to-exceed \$150,000.00.
- 2) Contract No. 3792 with Casleo Corporation dba Global Meals for Home Delivered Meals services in the amount not-to-exceed \$436,951.00.
- 3) Contract No. 4798 (fka Contract No. 3749) with Blue Heron holdings, LLC for Laundry services in the not-to-exceed \$100,000.00.

b) For no additional funds:

- 1) Contract No. 3732 with A-1 Health Care, Inc. for Homemaker and Personal Care Services.
- 2) Contract No. 3733 with Senior Transportation Connection for Transportation services.
- 3) Contract No. 3735 with TOBI Transportation LLC for Transportation services.
- 4) Contract No. 3736 with Transport Assistance, Inc. for Transportation services.
- 5) Contract No. 3747 with Valued Relationships, Inc. for Emergency Response System services.
- 6) Contract No. 3750 with XCEL Healthcare Providers, Inc. for Homemaker and Personal Care Services.
- 7) Contract No. 3769 with U-First Homecare Services for Homemaker and Personal Care services.
- 8) Contract No. 3770 with Renaissance Home Health Care, Inc. for Homemaker, Personal Care and Laundry services.
- 9) Contract No. 3771 with Rent a Daughter Senior Care, Inc. for Homemaker and Personal Care services.
- 10) Contract No. 3772 with Rose Centers for Aging Well, LLC for Home Delivered Meals services.
- 11) Contract No. 3773 with Geocare, Inc. dba Home Instead Senior Care for Homemaker services.
- 12) Contract No. 3775 with Home Care Relief, Inc. for Homemaker services.
- 13) Contract No. 3779 with ABC International Services, Inc., for Chore and Grab Bar services.
- 14) Contract No. 3781 with Addus HealthCare (South Carolina), Inc. dba Arcadia Home & Care Staffing for Homemaker and Personal Care services.
- 15) Contract No. 3788 with Connect America.com LLC for Emergency Response System services.
- 16) Contract No. 3789 with Caring Hearts Health Services, LLC for Homemaker, Personal Care, Chore and Laundry services.

- 17) Contract No. 3790 with Fernandez Property Group Ohio for Grab Bar services.
- 18) Contract No. 3791 with First Choice Medical Staffing of Ohio, Inc. for Homemaker and Personal Care Services.
- 19) Contract No. 3794 with Essence Health Services, Inc. for Homemaker and Personal Care services.
- 20) Contract No. 4958 (fka Contract No. 3776) with Axess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services.

Funding Source: Health and Human Services Levy Fund

BC2025-616

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4975 with The Northeast Ohio Coalition for the Homeless for Identification Crisis Collaborative services for the period 9/1/2024 – 8/31/2025 to extend the time period to 8/31/2026, to add Exhibit II-B, which represents the budget for the term of this amendment and for additional funds in the amount not-to-exceed \$170,000.00, effective 9/1/2025.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2025-617

Department of Public Works, recommending to declare various furniture, fixtures and various parts that have no value as surplus County-owned property no longer needed for public use; recommending to discard or salvage these items in accordance with Ohio Revised Code Section 307.12(I).

Funding Source: Not Applicable / Revenue Neutral

BC2025-618

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of September 2025 in accordance with EA02012-0001

Funding Source: Revenue Generating

BC2025-619

Department of Health and Human Services/Division of Children and Family Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$426,044.07 for the Cleveland Christian Home (H.O.P.E. Campus) Integrated Health and Wellness program for Multi-System Youth in connection with State Crisis Intervention Program Grant for the period 2/1/2025-12/31/2026.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services

BC2025-620

Fiscal Department, presenting proposed travel/membership requests for the week of 9/29/2025:

Dept:	Department of Health and Human Services							
Event:	Welcoming America Peer Audit							
Source:	Welcoming America							
Location:	Kansas City, MO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Tina Coleman	10/6/2025- 10/9/2025	\$0.00	\$200.00	\$1,060.53	\$192.00	\$325.00	\$1,777.53	Welcoming America Sponsorship

*Paid to host

**Staff reimbursement

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

Purpose:

As a participant in the Welcoming America Peer Audit program. I have been assigned to participate in an audit to evaluate the Welcoming America designation criteria met for another community. The preapproved participation in this program requires one audit participation. Welcoming America will cover all costs for this request AIG approved.

BC2025-621

Department of Purchasing, presenting proposed purchases for the week of 9/29/2025:

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
25003736	(1) Portable Retrieval-Shoot Ballistics Trailer	Department of Public Works on behalf of the County Prosecutor	CyberNational, Inc.	\$67,790.00	FY2021 Local Law Enforcement Crime Gun Intelligence Center Grant
25003409	(1) Unmanned Aerial Vehicle (UAV)/drone for The Greater Cleveland Regional Transit Authority (GCRTA) Police	Department of Public Safety and Justice Services	Unmanned Vehicle Technologies, LLC	\$19,083.00	FY23 Urban Area Security Initiative (UASI) Grant

25003789	(1) Unmanned Ground (Robot) Vehicle for the Sheriff's Department SWAT Team	Department of Public Safety and Justice Services	ICOR Technology, Inc.	\$88,510.00	FY24 Urban Area Security Initiative (UASI) Grant
25003778	(6) Veeam Data Platform Subscription Licenses for HHS servers	Department of Health and Human Services/Office of the Director	VPrime Tech Inc.	\$27,367.20	50% Health and Human Services Levy Fund and 50% Federal Reimbursement

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003717	Out-of-home care placement services for the period 8/1/2025-8/31/2025 *	Division of Children and Family Services	Michael A Mitchell dba The Anthony House	\$23,250.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003723	Out-of-home care placement services for the period 8/1/2025-8/31/2025*	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$60,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003765	Out-of-home care placement services for the period 8/1/2025-8/31/2025*	Division of Children and Family Services	Excel Beyond Limits	\$13,175.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting an amendment to a grant agreement from Ohio Department of Public Safety, Emergency Management Agency for the Cuyahoga County Shoreline Erosion Mitigation Plan for the period 7/27/2022 – 7/27/2025, to extend the time period to 12/30/2025 to allow for the review and approval of the final study product; no additional funds required.

Funding Source: The \$2.4 million grant award includes \$2,160,000.00 in federal funding from the U.S. Department of Homeland Security, Federal Emergency Management Agency, passed through the Ohio Department of Public Safety, Ohio Emergency Management Agency. A local cost share of \$240,000.00 is

required per the grant agreement. The funding source of the cost share is General Fund – American Rescue Plan Act (ARPA) Revenue Replacement/Provision of Government Services.

Item No. 2

Court of Common Pleas/Juvenile Court Division, submitting an amendment to a grant award with U. S. Department of Justice, Office of Juvenile Justice Delinquency Prevention for Developing Continuums of Care to Support Youth Success in connection with the FY2023 Building Local Continuums of Care to Support Youth for the period 1/1/2024 – 6/30/2025, to extend the time period to 6/30/2026; no additional funds required.

Funding Source: Ohio Department of Justice, Office of Juvenile Justice Delinquency Prevention FY2023 Building Local Continuums of Care to Support Youth Success

Item No. 3

Court of Common Pleas/Juvenile Court Division, submitting a Memorandum of Understanding with Ohio Department of Youth Services to define the terms and conditions that shall apply in connection with the Behavioral Health and Juvenile Justice Initiative Grant to receive a funding allocation in the amount not-to-exceed \$813,326.32 for the period 9/9/2025 – 6/30/2027.

Funding Source: Ohio Department of Youth Services, RECLAIM (Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors) Ohio Grant Fund

Item No. 4

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting a grant award from The Cuyahoga County Board of Health in the amount of \$237,251.00 for toxicologic testing services in connection with Overdose Data to Action for the period 9/1/2025 – 8/31/2026.

Funding Source: Cuyahoga County District Board of Health grant

Item No. 5

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
9296	4863 (fka 2639)	Quality Control Inspection, Inc.	For construction management and support services	0.00	Department of Public Works	10/13/2022-10/12/2025 to extend the time period to 12/31/2026	(Original) Road and Bridge Fund	(Executive) 9/22/2025 (Law) 9/23/2025
7607	User License Agreement (via Contract	Permitium, LLC	Sole source services for the configuration and implementation of	0.00	Sheriff’s Department	1/1/2022 – 12/31/2025 to extend the time	(Original) Revenue Generating	(Executive) 9/22/2025 (Law) 9/22/2025

	No. 3005 (fka 1985)		an online weapons permit application platform for the Concealed Weapons Licensing Unit			period to 12/31/2026		
No RQ	N/A	Brookfield Properties dba Beachwood Place Mall, LLC	For use of space and related services for the 2025 Be Prepared Event to be held at Beachwood Place Mall, located at 26300 Cedar Road, Beachwood, on 9/27/2025	\$-0-	Department of Public Safety and Justice Services	to be held on 9/27/2025	NA	(Executive) 9/23/2025
NA	5610	Bad Day Training & Consulting, LLC	For hazardous materials awareness training in accordance with 49 CFR 172.7 Subpart H, focusing on Hazardous Materials general awareness training, identification and classification, spill reporting and recordkeeping, and security awareness training	\$5,850.00	Department of Public Safety and Justice Services	10/1/2025-12/31/2025	FY26 State Emergency Response Commission (SERC) through the Local Emergency Planning Committee (LEPC)	(Executive) 9/16/2025 (Law) 9/22/2025
7750	Master Amendment 4081 (fka 2163)	Speed Exterminating Company	For thermal and chemical bed bug remediation services	0.00	Department of Health and Human Services/ Division of Children and Family Services and Division of Senior and Adult Services	01/01/2022-12/31/2025 to extend the time period to 03/31/2027	(Original) Health and Human Services Levy Fund	(Executive) 9/22/2025 (Law) 9/23/2025
7750	Master Amendment 5079 (fka 2166)	Rentokil North America, Inc. d/b/a Terminix formerly referred to as: The Terminix International	For thermal and chemical bed bug remediation services	0.00	Department of Health and Human Services/ Division of Children and Family Services and	01/01/2022-12/31/2025 to extend the time period to 03/31/2027	(Original) Health and Human Services Levy Fund	(Executive) 9/22/2025 (Law) 9/23/2025

		Company Limited Partnership d/b/a Terminix Commercial)			Division of Senior and Adult Services			
N/A	5659	Cuyahoga Community College District	Room rental, catering and audio/visual services in connection with the 2025 Office of Child Support's Annual Employees Workshop	\$5,547.00	Department of Health and Human Services/Office of Child Support Services	to be held on 9/25/2025	Health and Human Services Levy Fund	(Executive) 9/17/2025 (Law) 9/19/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2024-0303	Roadway improvements on East 156th Street and Shore Acres Drive in connection with the Euclid Beach Connector Trial in the City of Cleveland- Council District 10 Michael Houser		\$16,000,000.00	39.2% Other Funding Sources (\$6,301,249.00), 18.8% City of Cleveland (\$3,000,000.00), 12.5% General Fund (\$2,000,000.00), 9.4% Northeast Ohio Regional Sewer District (\$1,500,000.00), 9.3% Land and Water Conservation Fund/Outdoor Recreation Legacy Partnership Grant Fund (\$1,498,751.00), 6.3% Emergency Erosion Assistance Grant Fund (\$1,000,000.00), 2.5% Road & Bridge Fund (\$400,000.00), 1% NatureWorks Grant (\$150,000.00), 1% Ohio Lake Erie Commission Grant (\$150,000.00)	(Executive) 9/22/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, September 22, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

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

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)

Michael Chambers, Fiscal Officer, serving as Chairman

Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 9/15/2025

Michael Chambers motioned to approve the minutes from the September 15, 2025, meeting; Mellany Seay seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-591

Department of Public Works, recommending to amend Board of Control Approval No. BC2024-967 dated 12/23/2024, which resulted in an award of a Purchase Order to Home Depot U.S.A, Inc. (Purchase Order No. 24005177) for routine equipment and material purchases for the period 1/1/2025 – 12/31/2025 to change the amount from \$49,500.00 to \$60,000.00 for various divisions as follows:

Additional Funds

- 1) Facilities Division in the amount not-to-exceed from \$27,500.00 to \$30,500.00
- 2) Road and Bridge Division in the amount not-to-exceed from \$2,000.00 to \$3,000.00
- 3) Sanitary Division in the amount not-to-exceed from \$14,000.00 to \$19,000.00
- 4) Animal Shelter in the amount not-to-exceed from \$4,000.00 to \$5,500.00

No additional funds

1) Road and Bridge – Fleet Division in the amount not-to-exceed \$2,000.00

Funding Source: 48% Sanitary Sewer Fund, 29% General Fund, 14% Dog and Kennel Fund and 9% Road and Bridge Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-591 was approved by unanimous vote.

BC2025-592

Department of Public Works, submitting an amendment to Contract No. 2744 (fka Contract No. 2468) with SmithGroup Architects & Landscape Architect, PLLC, dba SmithGroup, PLLC for professional engineering design services for the Beulah Park-Euclid Beach Connector Project and various parcels for the period 6/22/2022 – 12/31/2025 to extend the time period to 6/30/2027, and for additional funds in the amount not-to-exceed \$312,118.00, effective upon contract signature of all parties.

Funding Source: 98.72% General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services and 1.28% Lake Erie Ohio Communities and Coastal Resilience (LECCR) Grant

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-592 was approved by unanimous vote.

BC2025-593

Department of Public Works, submitting an amendment to Contract No. 3299 with Perk Company, Inc. for resurfacing of Hilliard Road (CR-69) from Warren Road to Riverside Drive in the City of Lakewood in connection with the 2021-2024 Transportation Improvement Program for additional funds in the amount not-to-exceed \$119,531.43.

Funding Source: 50% \$5.00 Motor Vehicle License Tax Fund and 50% Municipality

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-593 was approved by unanimous vote.

BC2025-594

Department of Public Works, recommending an award on RQ16004 and enter into Contract No. 5638 with HDR Engineering, Inc. (100-6) in the amount not-to-exceed \$450,000.00 for Engineering Owner's Representative Services for Climate Pollution Reduction Projects, effective upon signatures of all parties through 9/30/2029.

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

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-594 was approved by unanimous vote.

BC2025-595

Department of Information Technology, recommending an award on Purchase Order No. 25003488 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$60,735.00 for a state contract purchase of (15) HP ZBook Studio mobile workstations and Thunderbolt docks, each to include HP Care Pack Premium Onsite Support – 5 Year – extended warranty and ABT resilience Gov service plan.

Funding Source: Capital Improvement Plan

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-595 was approved by unanimous vote.

BC2025-596

Department of Information Technology, recommending an award on Purchase Order No. 25003505 with Integrated Precision Systems in the amount not-to-exceed \$88,177.20 for a state contract purchase of (4) replacement video recording servers, and (3) BCD Video Accelerator cards, configure and install replacement servers, decommission and remove existing servers. ~~in the amount not to exceed \$88,177.20 for various County locations.~~

Funding Source: Capital Improvement Plan

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-596 was approved by unanimous vote.

BC2025-597

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Constant Contact, Inc. in the amount not-to-exceed \$16,920.00 for the renewal of Email Plus subscription services to manage content, press releases and other communications across email and social media platforms for the period 9/8/2025 - 10/7/2026. ~~in the amount not to exceed \$16,920.00.~~
- b) Recommending an award on Purchase Order No. 25003655 to Constant Contact, Inc. in the amount not-to-exceed \$16,920.00 for the renewal of Email Plus subscription services to manage content, press releases and other communications across email and social media platforms for the period 9/8/2025 - 10/7/2026. ~~in the amount not to exceed \$16,920.00.~~

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Michael Houser asked how we selected Constant Contact; asked was it through a Bid, RFP, or e-mails to others; asked how we picked

them in the first place compared to any other company. The Presenter will follow up with a response. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-597 was approved by unanimous vote.

BC2025-598

Department of Information Technology on behalf of the Board of Elections, recommending an award and enter into Contract No. 5596 with CHI Corporation and Park Place Technologies in the amount not-to-exceed \$28,260.00 to relocate the Board's data center equipment from 2925 Euclid Avenue to 1801 Superior Avenue in the City of Cleveland, effective upon signatures of all parties for the period of 1 year.

Funding Source: Capital Improvement Plan

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-598 was approved by unanimous vote.

BC2025-599

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 4987 with Oriana House, Inc. for Cognitive Behavioral Change Program utilizing the Thinking for a Change (T4C) model for the period 7/1/2024 – 6/30/2025 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$280,300.00.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-599 was approved by unanimous vote.

BC2025-600

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cleveland Peacemakers Inc. in the amount not-to-exceed \$195,000.00 for Peer Mentor Services, including trauma-informed support, advocacy, and violence prevention strategies for the VIP Alliance in connection with the FY2024 Community Based VIP Initiative for the period 10/1/2024 – 9/29/2027.
- b) Recommending an award and enter into Contract No. 5631 with Cleveland Peacemakers Inc. in the amount not-to-exceed \$195,000.00 for Peer Mentor Services, including trauma-informed support, advocacy, and violence prevention strategies for the VIP Alliance in connection with the FY2024 Community Based VIP Initiative for the period 10/1/2024 – 9/29/2027.

Funding Source: U.S. Department of Justice, Bureau of Justice Assistance.

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-600 was approved by unanimous vote.

BC2025-601

County Prosecutor, recommending an award on Purchase Order No. 25003671 with Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$24,519.25 for a state contract purchase of duty and training ammunition, holsters, batteries and rechargeable battery packs for use by the Crime Gun Intelligence Center.

Funding Source: Bureau of Justice Assistance FY 21 Local Law Enforcement Crime Gun Intelligence Center Integration Initiative

Ryan Bokoch, County Prosecutor's Office, presented. Michael Houser asked can you give a quick update on how everything is going at the Crime Gun Intelligence Center. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-601 was approved by unanimous vote.

BC2025-602

Sheriff's Department, recommending an award on Purchase Order No. 25003670 with Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$24,440.95 for a state contract purchase of (5) Safariland Fast Attack Generation 3 Vests, various components and accessories, (5) Busch helmets, and (5) Wilcox **connectors for** night vision goggles for use by the SWAT Team.

Funding Source: Federal Equitable Sharing Account

Chris Costin, Sheriff's Department, presented and Timothy O'Connor, Deputy Sheriff Lieutenant, supplemented. Robert Schleper asked is this something everyone on the SWAT Team should have. Michael Chambers motioned to approve the item as amended; Robert Schleper seconded. Item BC2025-602 was approved by unanimous vote as amended.

BC2025-603

Medical Examiner's Office, submitting an amendment to Contract No. 5642 (fka Contract No. 2870) with Life Technologies Corporation for maintenance services on (2) 3500 Genetic Analyzers for the period 10/17/2022- 10/16/2025 to extend the time period to 10/16/2028 to change the scope of services to extend the service agreement on varying quantities of QuantStudio, ProFlex Dual 96-Well Sample, SeqStudio, and Genetic Analyzer equipment and for additional funds in the amount not-to-exceed \$173,693.25, effective upon signatures of all parties.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-603 was approved by unanimous vote.

BC2025-604

Department of Public Safety and Justice Services,

- a) Requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Emergency Management Agency in the amount of \$74,142.93 for eligible mitigation projects including updating county mitigation plans in connection with FY2025 Hazard Mitigation Grant Program for the period 8/8/2025 – 10/15/2026.
- b) Requesting designation of Brandy Carney, Director, Department of Public Safety and Justice Services to serve as Applicant's agent to accept and execute the grant award, financial reports and programmatic reports in connection with FY2025 Hazard Mitigation Grant Program.
- c) Submitting a grant agreement with Ohio Department of Public Safety/Office of Emergency Management Agency in the amount of \$74,142.93 for eligible mitigation projects including updating county mitigation plans in connection with FY2025 Hazard Mitigation Grant Program for the period 8/8/2025 – 10/15/2026.

Funding Source: 75% (\$55,607.20) Federal, 12.5% (\$9,267.87) State of Ohio Match, 12.5% (\$9,267.86) Public Safety Grants Administration County's match

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-604 was approved by unanimous vote.

C. – Consent Agenda

Meredith Turner asked in relation to BC2025-607, Purchase Order No. 25003585 how does the panic button system works. Thomas Pavich, Department of Public Works, provided details on this item and Michael Chambers supplemented.

There were no additional questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-605 through BC2025-607; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-605

Department of Public Works, submitting an amendment to Contract No. 4326 with Northeast Ohio Trenching Service, Inc. for the elimination of Chagrin River Road Bridge No. 02.40 over Deer Lick Creek in the Village of Bentleyville for a decrease of funds in the amount of (\$250,531.97); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 69% \$5.00 Motor Vehicle License Tax Fund and 31% Ohio Public Works Commission

BC2025-606

Fiscal Department, presenting proposed travel/membership requests for the week of 9/22/2025:

Dept:	Department of Public Works							
Event:	National Renewable Energy Leadership Academy							
Source:	National Renewable Energy Laboratory (NREL)							
Location:	Golden, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Elizabeth Lehman	9/23/2025- 9/26/2025	\$0.00	\$84.00	\$645.00	\$100.00	\$283.00	\$1,112.00	Utility Operations Fund

*Paid to host

**Staff reimbursement

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

Purpose:

NREL's Executive Energy Leadership Academy (Energy Execs) provides exclusive, in-depth information about NREL's research and programs so they can better design energy technologies at their organizations. I have attended the first two sessions, I will be attending the 3rd session in August, and the final session is scheduled for September. By participating in this program, I have gained insights from NREL researchers on current projects, technology advancements, resources that support renewable energy and energy systems. I have also been able to learn from peer participants and projects that they are working on that are relevant to the execution of the CPRG solar grant and to CGE's mission. Including solar development, utility coordination, microgrids and grid resiliency.

Dept:	Department of Information Technology							
Event:	GIS Pro 2025							
Source:	Geospatial Professional Network (GPN)							
Location:	Denver, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Fisher	10/4/2025- 10/10/2025	\$675.00	\$315.00	\$1,937.66	\$181.70	\$233.48	\$3,342.84	Real Estate Assessment Fund/ \$500 Reimbursed by Geospatial Professional Network

*Paid to host

**Staff reimbursement

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

Purpose:

The 2025 Geospatial network (Formerly URISA) GIS-Pro in the non-profits annual conference and is being held in Denver Colorado. The conference attracts over 500 GIS professionals from around the country and the world. The conference tracks have significant relevance to Cuyahoga County. Tom Fisher is the organization's Immediate Past- President and Cuyahoga County is an organizational member. The event will allow Cuyahoga County GIS administrators to participate in this national conference. The education and training provided by this conference is directly applicable to our local government GIS work. I will meet the peers at other counties from across the United States and find out what's working at their counties and connect with them so that after the conference we will continue to share solutions and ideas. The board of directors will hold their face-to-face meetings on Sunday, October 4th and then finish on Thursday October 9th with Annual Business meetings and second half of the board of Directors meetings in the afternoon. The agenda with break-out sessions and workshops is attached to the anticipated Travel Expense report. The GPN will reimburse up to \$500.00 of travel expenses for attending the Board of Directors meetings. I was informed by the Executive Director I will be receiving Horwood Distinguished Service Award at this year's conference.

Dept:	Sheriff's Department							
Event:	2025 Annual Major County Sheriffs of America							
Source:	Major County Sheriffs of America							
Location:	Irving, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Miguel Caraballo	9/20/2025- 9/23/2025	\$500.00	\$228.00	\$1,099.00	\$150.00	\$787.00	\$2,764.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

To meet and collaborate with other Lieutenants throughout the country and participate in various leadership activities, ideas and conferences related to enhancing the safety and security of our department and community.

BC2025-607

Department of Purchasing, presenting proposed purchases for the week of 9/22/2025:

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
25003585	(1) Panic Button System and installation of the unit at the Metzenbaum Center	Department of Public Works	SecureTech Systems, Inc.	\$11,275.00	General Fund

V- OTHER BUSINESS**Item of Note (non-voted)****Item No. 1**

Department of Public Safety and Justice Services, on behalf of the Local Emergency Planning, submitting a grant award from Ohio State Emergency Response Commission in the amount of \$138,482.00 for the Chemical Emergency Planning and Community Right-to-Know Fund in Connection with the Ohio Environmental Protection Agency Right-to-Know Program for the period 7/1/2025 – 6/30/2026.

Funding Source: Environmental Protection Agency passed through the Ohio State Emergency Response Commission

Meredith Turner asked who receives the Chemical Emergency Planning and Community Right-to-Know Fund information. Mary Beth Vaughn, Department of Public Safety and Justice Services, provided details related to this item.

Item No. 2**Contracts \$0.00 – \$10,000.00 – Processed and executed (no vote required)**

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
9296	4192 (fka 2638)	Hill International, Inc.	Construction Management and Support Services	\$0.00	Department of Public Works	10/13/2022-10/12/2025 to extend the time period to 12/31/2026	(Original) Road and Bridge Fund	(Executive) 9/15/2025 (Law) 9/16/2025

NA	5371 (fka Contract Nos. 4930 4014, 2975 and 1666)	Applewood Centers, Inc.	Clinical case management services for the Coordinated Approach to Low-Risk Misdemeanors (CALM) Project	For a decrease of funds in the amount of (\$549,511.43) to amend the terms of Subsection IV. B which represents monthly reimbursement, effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	7/1/2021-6/30/2026	(Original) RECLAIM Grant	(Executive) 9/15/2025
NA	5629 (fka 4921, 2525)	Applewood Centers, Inc.	Emergency respite and crisis bed services for youth referred by the Coordinated Approach to Misdemeanors (CALM) Program	For a decrease of funds in the amount of (\$40,000.00) to amend the terms of Subsection V.B which represents monthly reimbursement, effective 7/1/2025	Court of Common Pleas/Juvenile Court Division	7/1/2021-6/30/2026	(Original) RECLAIM Grant	(Executive) 9/15/2025

Various Agreements – Processed and executed (no vote required)

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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:25 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-608

Title	Department of Public Works- Trane Inc. – HVAC/Chiller-Preventative Maintenance	
Department or Agency Name	Department of Public Works	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5640	Trane U.S. Inc.	7/8/2025 – 7/7/2026	\$19,314.00	Pending	Pending

Service/Item Description (include quantity if applicable). The Department of Public Works is requesting approval of a 1-year contract with Trane U.S. Inc. for preventative maintenance services of the HVAC chillers located at Jane E. Hunter, Metzenbaum and William Patrick Day buildings.
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): Trane can provide preventative maintenance services on the HVAC chillers at the (3) county buildings. This will ensure HVAC systems are maintained and operate efficiently.

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):
Trane U.S. Inc. 800 Beatty St. Davidson, NC 28036	Seth King / Service Acct. manager
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. Trane is the factory authorized dealer that can service the HVAC chillers at these three locations, which all have the Trane HVAC systems *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. General Fund / 100%
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 / 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor's legal department and the County Law Department had lengthy negotiations before an agreement was reached, causing the full delay of this contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3/26
Date documents were requested from vendor:	6/3
Date of insurance approval from risk manager:	6/12
Date Department of Law approved Contract:	9/2
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4523	Trane U.S. Inc	7/8/2024 – 7/7/2025	11,348.00	7/8/2024	BC2024-507

BC2025-609

Title	CM5661/ Department of Development Grant Agreement with Re:Source Cleveland/ 2025 – 2026 Operating Support
Department or Agency Name	Development
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	5661	Re:Source Cleveland	10/17/2025 – 10/16/2026	\$150,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Department of Development is requesting approval of a Grant Agreement with Re:Source Cleveland (formerly The Refugee Response) per the chart above for \$150,000.00 for Operating Support for the Newcomer Navigators Project for the period of one 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: ☐ Additional ☐ Replacement
Age of items being replaced: _____ How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

Support Newcomer Navigators Project that connects international newcomers with the social, health and economic services that already exist in our 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):
Re:Source Cleveland 2054 West 47 th Street Cleveland, OH 44102	Patrick Kearns, Executive Director
Vendor Council District: 3	Project Council District: County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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. We are utilizing the Exemption procurement method, as this vendor has been engaged in previous years for Immigrant Assistance. *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% Economic 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. DV220110/55120/DEVECD001
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4175 (FKA 2685)	The Refugee Response	10/17/2022 – 10/16/2025	\$507,000.00	9/28/2022	R2022-0321

BC2025-610

Title	Passages Inc. – CBI-EMP (Employment Program)
Department or Agency Name	Corrections Planning Board
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 Agreement	2120	Passages, Connecting Fathers and Sons, Inc.	July 1, 2021 to June 30, 2023	\$ 1,065,476.00	01/25/2022	R2022-0014

First Amendment	2120	Passages, Connecting Fathers and Sons, Inc.	July 1, 2023 to June 30, 2025	\$ 1,065,476.00	11/14/2023	R2023-0290
Second Amendment	CM# 5645 (copied)	Passages, Connecting Fathers and Sons, Inc.	July 1, 2025 to June 30, 2026	\$ 532,738.00		

Service/Item Description (include quantity if applicable).

Passages Connection Fathers and Sons Inc. will provide assessment and specialized programming to address the employment needs of offenders, both male, female, etc. Based upon the assumption that meaningful and legal employment is one key element of becoming a productive member of society, and justice system involvement can be a barrier to employment, Passages Connection Fathers and Sons Inc. will implement a program designed for criminal justice involved individuals who present as moderate to high need in the area of employment. By targeting cognitive behavioral interventions in combination with employment opportunities, specific problem-solving skills are learned which greatly assist in both lawful behaviors exhibited by probationers as well as engagement in on-going legal employment.

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

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

Project Goals, Outcomes or Purpose (list 3):

The goal of the program is to target the recidivism rates of probationers by providing them with (1) regular cognitive skills development sessions (which includes a research-based curriculum developed by the University of Cincinnati called the Cognitive Behavioral Interventions for Offenders Seeking Employment), (2) follow-up job placement opportunities, and (3) on-going case management.

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):
Passages Connecting Fathers and Sons Inc. 4600 Carnegie Ave. Cleveland, OH 44103	Dr. Brian Moore, President and CEO
Vendor Council District:	Project Council District:
ALL	ALL

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. N/A *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) - <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.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is 100% funded through Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act 2.0 grant resources.</p>	
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>	
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>CP285170</p>	
<p>Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>	

<p>Provide status of project. Project is ongoing to ensure clients undergoing supervision by the Common Pleas Court’s Adult Probation Department are served with appropriate court-mandated programming.</p>	
<p>Is contract/purchase late <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission</p>	
<p>Reason: Waited for the Ohio Community Corrections Act (CCA) 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.</p>	
<p>Timeline</p>	
<p>Project/Procurement Start Date (date your team started working on this item):</p>	<p>April 1, 2025</p>
<p>Date documents were requested from vendor:</p>	<p>July 11, 2025</p>
<p>Date of insurance approval from risk manager:</p>	<p>August 12, 2025</p>
<p>Date Department of Law approved Contract:</p>	<p>August 26, 2025</p>
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A</p>	
<p>If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Waited for the CCA 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.</p>	
<p>Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	

<p>HISTORY (see instructions): see chart above</p>
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BC2025-611

TITLE	Amending Source of Required Match Sheriff's Department; State of Ohio Dept. of Public Safety, Office of Criminal Justice Services; FY24 Justice Assistance Grant (JAG) Award
DEPARTMENT OR AGENCY NAME	Sheriff's Department

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Justice Assistance Grant Program Grant Award	1/1/25-12/31/25	\$22,500.00	8/4/2025	BC2025-501
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The purpose of the funding from the FY24 Justice Assistance grant is to assist the Cuyahoga County Sheriff to purchase new technology to rapidly gather intelligence, prevent, and investigate incidents of violent crime in concentrated areas of Cuyahoga County with high levels of crime. The strategy supports Hot Spots Policing by using surveillance for investigation, identification, & apprehension of violent offenders, and is associated with the theoretical mechanisms of deterrence and crime opportunity reduction.</p> <p>Funding Source: 75% Ohio Department of Public Safety, Office of Criminal Justice Services (\$22,500.00) and 25% Cash Match (\$7,500.00)</p> <p>The Sheriff's Department previously identified FESA dollars for the required match. However, recent changes to FESA guidelines prohibit the use of these dollars as match dollars. The Sheriff's Department has now identified Law Enforcement Trust Fund (LETF).</p>				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Procurement of (6) Mobile Data Terminals (MDTs)
	Updated policy concerning the use of MDTs.
	Enhanced input and processing of records and data related to incidents.

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:	All Districts
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.
	U.S Department of Justice, Bureau of Justice Assistance FY2024 Grant Program
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	25% of \$22,500 award = \$7,500 (Total Project = \$30,000)* the match will be provided through Law Enforcement Trust Fund

BC2025-612

Title	PSJS – Kaseware, Inc. – Exemption - Contract #5536 for Data Sharing Platform Subscription for the NEOFRC 10/1/25-9/30/26
Department or Agency Name	Public Safety & 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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5536	Kaseware, Inc.	10/1/2025- 9/30/2026	\$16,650.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Requesting approval of a contract with Kaseware, Inc. for the amount of \$16,650.00 for the time period 10/1/2025-9/30/2026.</p> <p>Kaseware is the sole source provider under a proprietary license agreement to provide a data sharing platform that is in use within the Ohio Fusion Center Network.</p> <p>The Northeast Ohio Regional Fusion Center (NEORFC) is one of three Fusion Centers recognized by the Department of Homeland Security in the State of Ohio. The three centers utilize Kaseware's proprietary software licenses to collect, analyze, and share suspicious activity reports (SAR), Terrorist Screening Center (TSC) hits, and other actionable intelligence data that is analyzed to detect, prevent, and deter acts of terrorism.</p> <p>Nine user licenses will be for the following staff: Crime Analyst, Intelligence Unit Detective, Intelligence Analyst, Intelligence Analyst, Critical Infrastructure Analyst, Regional Intelligence Coordinator, Regional Intelligence Analyst, Opioid Analyst, and Director of the Northeast Ohio Regional Fusion Center.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Store, query, analyze intelligence, suspicious activity (SAR), Terrorist activity Screening Center (TSS).</p> <p>Report and track or request for service to ensure compliance with CRCL protections.</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):
Kaseware, Inc. 191 University Blvd. Suite 170 Denver, CO 80206	John Gill Executive Vice President
Vendor Council District:	Project Council District:
N/A	District 7

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
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. Kaseware is the sole source provider under a proprietary license agreement to provide a data sharing platform that is in use within the Ohio Fusion Center Network. *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 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.
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FY24 State Homeland Security Program (SHSP) Grant - 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. PJ280135 55130 PJ-24-SHSP
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. On Time.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4641	Kaseware, Inc.	10/1/2024 - 9/30/2025	\$16,650.00	9/16/24	BC2024-668

BC2025-613

Title	Team Mentoring for Youth and Young Adults who have aged out of Foster care in Cuyahoga County
Department or Agency Name	Division of Children Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3926	Community of Hope	1/1/2024- 12/31/2024	\$150,000.00	12/4/2023	BC2023-784
A-1	4085	Community of Hope	1/1/2025- 12/31/2025	\$150,000.00	11/26/2024	BC2024-870
A-2	4085	Community of Hope	1/1/2026- 12/31/2026	\$150,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

To provide Team Mentoring to youth and young adults, ages 18-24, who have and /or aging out of foster care system; through the use of coaching, mentoring, and social skills training.

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):

To help break the cycle of poverty, repetition of homelessness, low educational attainment, and foster care.
To provide wraparound support and assist them to make the transition to self-sufficiency and independence through necessary education, training and services.

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

Vendor Name and address: Community of Hope c/o CSU 2121 Euclid Avenue Cleveland, Ohio 44115	Owner, executive director, other (specify): Michael E. Smith Board President
Vendor Council District: Council District 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __12991__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$150,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 31 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date

	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Only 1 Bid received	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<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. Health and Human Service Levy 65% Title IV-E Reimbursement Fund 35%
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. HS215100 -Accounting Unit 56010- Account UCH05510 – Activity
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. In process	
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

BC2025-614

Title	A Place 4 Me Collaborative – Opportunity Passport Coordinator
Department or Agency Name	Division of Children and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5652	A Place 4 Me Collaborative	10/1/2025 – 9/30/2026	\$64,837.00	Pending	pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Opportunity Passport will serve youth ages 14-21 with independent living skills. The primary focus is on financial capability. Youth are given training (Keys to Your Financial Future, a Jim Casey Youth Opportunities flagship program) and are then given an opportunity to match their savings for designated assets such as a vehicle, educational expenses, housing (first month's rent and security), microenterprise, and debt reduction.</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>Provide training with banking partners on financial wellbeing.</p> <p>Coach participants on savings matching proposals.</p> <p>Engage with participants to develop budgets.</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):
A Place 4 Me Collaborative 4100 Franklin Ave Cleveland, OH 44113	Kate Lodge
Vendor Council District:	Project Council District:
	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 65% Health and Human Services; 35% Federal Title IV-E
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. HS215100/56110/UCH05613
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. Completed.	
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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3876	A Place 4 Me Collaborative	9/29/2023 – 9/29/2024	\$64,837.00	11/6/2023	BC2023-704
A-1	3876	A Place 4 Me Collaborative	9/30/2024- 9/30/2025	\$64,000.00	9/16/2024	BC2024-669

BC2025-615

Title	Department of Senior and Adult Services (DSAS); Master Agreement Amendment 4; Options for Independent Living Services (OPTN)		
Department or Agency Name	Division of Senior and Adult 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	Various Vendors – See Below		01/01/2024 – 12/31/2025	\$9,550,000.00	11/28/2023	R2023 - 0337
	3732	A-1 Healthcare LLC		\$454,000.00		
	3779	ABC International Services, Inc.		\$32,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$32,000.00		
	3789	Caring Hearts Health Services LLC		\$50,000.00		
	3792	Casleo Corporation dba Global Meals		\$4,600,000.00		
	3788	Connect America.com LLC		\$260,000.00		
	3794	Essence Health Services, Inc.		\$150,000.00		
	3790	Fernandez Property Group Ohio, Inc.		\$20,000.00		
	3791	First Choice Medical Staffing of Ohio, Inc.		\$118,000.00		
	3773	Geocare, Inc. dba Home Instead Senior Care		\$190,000.00		
	3775	Home Care Relief Inc.		\$380,000.00		
	3776	Family and Community Services dba Mobile Meals, Inc.		\$150,000.00		
	3768	Purfoods LLC dba Mom's Meals		\$900,000.00		
	3770	Renaissance Home Health Care, Inc.		\$218,000.00		
	3771	Rent a Daughter Senior Care, Inc		\$300,000.00		
	3772	Rose Centers for Aging Well, LLC.		\$200,000.00		
	3733	Senior Transportation Connection		\$310,000.00		
	3734	Solutions Premier Training Services		\$250,000.00		
	3735	Tobi Transportation Services		\$196,000.00		
	3736	Transport Assistance, Inc		\$50,000.00		
	3769	U First Homecare Services		\$134,000.00		
	3747	Valued Relationships, Inc.		\$260,000.00		
	3749	Wash House CLE		\$50,000.00		

	3750	Xcel Healthcare Providers, Inc.		\$246,000.00		
A-1	Various – see Below	Amending Various Contracts to add additional funding	6/1/2024 – 12/31/2025	\$499,000.00	10/21/2024	BC2024-761
	3732	A-1 Healthcare LLC		\$4,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$10,000.00		
	3792	Casleo Corporation dba Global Meals		\$151,500.00		
	3776	Family and Community Services dba Mobile Meals, Inc. – Name change to: Axess Family Services, Inc. dba Mobile Meals		\$2,500.00		
	3768	Purfoods LLC dba Mom’s Meals		\$216,000.00		
	3772	Rose Centers for Aging Well, LLC.		\$10,000.00		
	3769	U First Homecare Services		\$44,000.00		
	3750	Xcel Healthcare Providers, Inc.		\$61,000.00		
	4798	Wash House CLE – Name Change to: Blue Heron Holdings, LLC		\$0		
A-2	Amending Various Contracts to add funding, Term expiration remains 12/31/2025			\$600,000.00	11/26/2024	R2024-0425
	3732	A-1 Healthcare LLC		\$1,300.00		
	3779	ABC International Services, inc.		\$5,900.00		
	3792	Casleo Corporation dba Global Meals		\$235,800.00		
	3794	Essence Health Services, Inc.		\$7,100.00		
	3790	Fernandez Property Group Ohio, Inc.		\$500.00		
	3791	First Choice Medical Staffing of Ohio, Inc.		\$7,500.00		
	4958	Axess Family Services, Inc. dba Mobile Meals		\$11,000.00		
	3768	Purfoods LLC dba Mom’s Meals		\$200,000.00		
	3771	Rent a Daughter Senior Care, Inc		\$18,000.00		
	3772	Rose Centers for Aging Well, LLC.		\$7,900.00		
	3733	Senior Transportation Connection		\$50,000.00		
	3736	Transport Assistance, inc.		\$6,000.00		
	3769	U First Homecare Services		\$15,000.00		
	4798	Blue Heron Holdings, LLC		\$18,000.00		

	3750	Xcel Healthcare Providers, Inc.		\$16,000.00		
A-3	Amending Various Contracts to add Funding and Extend the term by 1 year		Effective Upon Signature – 12/31/2026	\$425,000.00	6/9/2025	BC2025-372
	3792	Casleo Corporation dba Global Meals		\$300,000.00		
	3768	Purfoods LLC dba Mom’s Meals		\$100,000.00		
	4798	Blue Heron Holdings, LLC		\$25,000.00		
A-4	Amending 3 Contracts to Add funds for 2025		Effective Upon Signature	\$686,951.00	Pending	Pending
	4798	Blue Heron Holdings, LLC		\$100,000.00		
	3792	Casleo Corporation dba Global Meals		\$436,951.00		
	3768	Purfoods LLC dba Mom’s Meals		\$150,000.00		

Service/Item Description (include quantity if applicable).

Cuyahoga County Division of Senior and Adult Services requesting approval of a Master contract amendment 4 with multiple vendors in the amount of \$686,951.00. Amendment 4 does not extend the term and there is no scope of work change for this amendment.

The Options program provides in-home services to seniors and adults with disabilities living in Cuyahoga County who need: assistance with larger household chores; medical emergency response services; grab bar installation; homemaking assistance; home delivered meals; assistance with personal care; and/or transportation for medical-related appointments.

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):

To add funding to continue to provide the following services:

To promote self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community.

Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport.

The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Agenda Item 1	Owner, executive director, other (specify):
A-1 Healthcare LLC 2060 S. Taylor Rd. Cleveland Heights, OH 44118	Richard Keller, CEO
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 2	Owner, executive director, other (specify):
ABC International Services, Inc. 31525 Aurora Road, Suite #2 Solon, OH 44139	Bella Rokhman, President/Owner
Vendor Council District:	Project Council District:
Council district 6	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 3	Owner, executive director, other (specify):
Addus Healthcare (South Carolina), Inc. (DBA Arcadia Home Care & Staffing) 2300 Warrenville Road, Suite 100 Downers Grove, IL 60515	Angela Dooley, Regional Director of Operations
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 4	Owner, executive director, other (specify):
Caring Hearts Health Services LLC 333 Babbitt Road, Suite 242 Euclid, OH 44123	Marquettea Brown, President
Vendor Council District:	Project Council District:
Council district 11	County wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 5	Owner, executive director, other (specify):
Casleo Corporation dba Global Meals 2761 E. 4 th Avenue Columbus, Ohio 43219	Nataliya Krylova, CEO
Vendor Council District:	Project Council District:
N/A	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 6	Owner, executive director, other (specify):
Connect America 816 Park Way Broomall, PA 19008	Richard Brooks, President
Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 7	Owner, executive director, other (specify):
Essence Health Services 855 222 nd Street Euclid, OH 44123	Dannika Witten, Owner
Vendor Council District:	Project Council District:
Council District 11	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 8	Owner, executive director, other (specify):
Fernandez Property Group 3781 West 152 nd Street Cleveland, OH 44111	Sophia Fernandez, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 9	Owner, executive director, other (specify):

First Choice Medical Staffing 1457 West 11 th Street Cleveland, OH 44107	Charles Slone, President/CEO
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 10	Owner, executive director, other (specify):
Geocare Inc.dba Home Instead Senior Care 26777 Lorain Road, Suite 608 North Olmsted, Oh 44070	Geoffrey Moore, President
Vendor Council District:	Project Council District:
Council District 1	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 11	Owner, executive director, other (specify):
Home Care Relief, Inc 753 East 200 th Street Euclid, Ohio 44119	Darlene Myrick, CEO/President
Vendor Council District:	Project Council District:
Council District 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 12	Owner, executive director, other (specify):
Axess Family Services, Inc. formerly known as Family & Community Services dba Mobile Meals 1400 S. Arlington St., Suite 38. Akron, OH 44306	Marihelyn Horrigan, Community Impact Director
Vendor Council District:	Project Council District:
Council District 5	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 13	Owner, executive director, other (specify):
Purfoods LLC dba Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021	Nathan Jensen, Sr VP of Sales and Business Development

Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 14	Owner, executive director, other (specify):
Renaissance Home Health Care 5311 Northfield Road Suite 212 Bedford Heights, Ohio 44146	Patricia Eady, Owner
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 15	Owner, executive director, other (specify):
Rent a Daughter Senior Care 23715 Mercantile Road Building A Suite 206 Beachwood OH 44122	Mark Glatley, Chief Executive Officer
Vendor Council District:	Project Council District:
Council District 11	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 16	Owner, executive director, other (specify):
Rose Centers for Aging Well 11890 Fairhill Road Cleveland OH 44120	Dabney Conwell, Executive Director
Vendor Council District:	Project Council District:
Council District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 17	Owner, executive director, other (specify):
Senior Transportation Connection 4735 W. 150 th Street, Suite A Cleveland, Ohio 44135	Laura Kleinman, Executive Director

Vendor Council District:	Project Council District:
Council district 2	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 18	Owner, executive director, other (specify):
Tobi Transportation Services, LLC 14100 Bardwell Avenue East Cleveland, Ohio 44112	Alice Jackson, Vice President
Vendor Council District:	Project Council District:
Council district 10	
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 19	Owner, executive director, other (specify):
Transport Assistance, INC 5481 State Road Parma, Ohio 44134	Fred Cerny, President
Vendor Council District:	Project Council District:
Council district 10	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 20	Owner, executive director, other (specify):
U First Homecare 6005 Fleet Avenue #1005 Cleveland, Ohio 44105	Veora Thompkins, Director
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 21	Owner, executive director, other (specify):
Valued Relationships 1400 Commerce Center Dr. Franklin, Ohio 45005	Mr. Ben Wallace, Executive Director

Vendor Council District:	Project Council District:
N/A	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 22	Owner, executive director, other (specify):
Blue Heron Holdings, LLC formerly Wash House CLE 713 Upper Merriman Dr. Akron, Ohio 44303	Mr. John Boughton, Owner
Vendor Council District:	Project Council District:
Council District 3	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address: Agenda Item 23	Owner, executive director, other (specify):
Xcel Healthcare Providers, Inc 1991 Lee Rd. Cleveland, Ohio 44118	Mr. John Stanich, Executive Director
Vendor Council District:	Project Council District:
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. *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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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. Health and Human Services Levy – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS260295 Account: 56110 Activity Code(s): UCH09322 & UCH09324
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The original contract is ongoing and this amendment is adding \$686,951.00 to the master agreement for 2025	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Invoices are being collected to backpay for services beginning
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2025-616

Title	OHS; Northeast Ohio Coalition for the Homeless; 25-26 Contract Amendment for Identification Crisis Collaborative Services
Department or Agency Name	Office of Homeless 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	4975	Northeast Ohio Coalition for the Homeless	9/1/2024 – 8/31/2025	\$170,000.00	12/09/2024	BC2024-937
A-1	4975	Northeast Ohio Coalition for the Homeless	9/1/2025- 8/31/2026	\$170,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>NEOCH operates the Identification Crisis Collaborative (IDCC), which helps homeless and at-risk individuals in Cuyahoga County obtain vital identification documents such as Social Security cards, birth certificates, and state-issued IDs. Through a network of 39 member sites including shelters, churches, and recovery facilities, IDCC facilitates the procurement of approximately 6,000 identification documents for an estimated 5,000 county residents, enabling them to access essential services, housing, employment, and medical care.</p> <p>To achieve these goals, IDCC trains site representatives in document procurement and cultural competency, provides transportation assistance through bus passes, and advocates for policy changes that reduce barriers for vulnerable populations. The program will track outcomes through the Homeless Management Information System (HMIS), maintain regular communication with member sites, and engage in community education and awareness campaigns to create lasting systemic change.</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 N/A</p> <p>Age of items being replaced: How will replaced items be disposed of?</p>

Project Goals, Outcomes or Purpose (list 3):

- Assist homeless and at-risk individuals and families in obtaining identification documents necessary to obtain essential services
- Manage the 39-member collaborative responsible for services, through training and coordination of efforts among service agencies and systems serving this population
- Understand the current and changing requirements for obtaining personal identification records.

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: NEOCH 3631 Perkins Ave. Suite 3A-3 Cleveland OH 44114	Owner, executive director, other (specify): Christopher Knestrick, Executive Director
Vendor Council District: 7	Project Council District: county-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health & Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. This project is active. This is an amendment to current agreement CM4975.	
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: This project is late because we were waiting for confirmed budget. Provider also needed additional time to obtain compliant insurance.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/22/25 (OHS); 8/11/25 (DCAP)
Date documents were requested from vendor:	8/27/25 (Updated COI)
Date of insurance approval from risk manager:	9/11/25
Date Department of Law approved Contract:	9/11/25
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Provider understands that payment for services is conditioned upon Board of Control approval	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2025-617

Department of Public Works, recommends to declare a lot of used County furniture and related parts valueless and as surplus County-owned property, no longer needed for public use, requesting authority to discard or salvage this equipment in accordance with Ohio Revised Code Section 307.12(I). The furniture is located at the Administration Building, basement storage area.

Funding Source: Not Applicable / Revenue Neutral

Assets #	Vendor	Item	Make/Model	Quantity	Purchase Date
SA524914	Herman Miller	54" Height adjustable table	Vivo	11	6/14/2014
SA524914	Herman Miller	36" 3H Lateral	Canvas	3	6/14/2014
SA524914	Herman Miller	24x72 Worksurface	Canvas	4	6/9/2014
SA524914	Herman Miller	15/18 Mobile Pedestal	Canvas	5	6/14/2014
SA524914	Herman Miller	15x24 Workstation Overheads	Canvas	3	6/14/2014
SA524914	Herman Miller	24x42 Workstation Wardrobe	Canvas	7	6/14/2014
SA524914	Herman Miller	15x48 Workstation Overhead	Canvas	3	6/19/2014
	Sit On It	Task Chair (broken)	Focus	20	6/14/2014
	Cage Fencing	Various pieces of cage fencing		21	4/10/2014
SA524914	Herman Miller	5424 Panel	Canvas	3	4/10/2014
SA524914	Herman Miller	4648 Panel	Canvas	3	4/10/2014
SA524914	Herman Miller	2424 Panel	Canvas	1	4/10/2014
SA524914	Herman Miller	24" Workstation Glass	Canvas	20	4/10/2014
SA524914	Herman Miller	48" Workstation Glass	Canvas	10	4/10/2014
SA524914	Herman Miller	72" Workstation Glass	Canvas	3	4/10/2014
SA524914	Herman Miller	Workstation Glass Trim various sizes	Canvas	48	4/10/2014

BC2025-618

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org, for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:
Info@Ret3.org
 1814 E. 40th Street
 Cleveland, Ohio 44103
 Kenny Kovach-Director

EQUIPMENT LIST DOIT 9-12-25.docx								
Asset Tag	Serial Number	Manufacturer	Model/ Device		Asset Tag	Serial Number	Manufacturer	Model/ Device
78225	2UA30207B3	HP	Z220		N/A	2303E250520	Toshiba Label Printer	N/A
81752	2UA34228S3	HP	Z420		N/A	2303E250519	Toshiba Label Printer	N/A
N/A	2UA34228S2	HP	Z420		N/A	2303E250531	Toshiba Label Printer	N/A
86045	T1-733901-01	N/A	N/A		N/A	2303E250524	Toshiba Label Printer	N/A
81751	2UA34228S4	HP	Z420		86080	N/A	Microsoft Surface Pro	86080
78840	2UA3020790	HP	Z220		88408	N/A	Microsoft Surface Pro	88408
80082	2UA530274Q	HP	Z230		90891	N/A	Microsoft Surface Pro	90891
78734	2UA30207DD	HP	220		90676	N/A	Microsoft Surface Pro	90676
78040	2UA2501H23	HP	Z220		90692	N/A	Microsoft Surface Pro	90692
78168	2UA2501KPY	HP	Z220		90720	N/A	Microsoft Surface Pro	90720
81696	2UA34220KF	HP	Z220		90912	N/A	Microsoft Surface Pro	90912
79818	2UA4351M77	HP	Z230		N/A	2303E250529	Toshiba Label Printer	N/A
78145	2UA2501H58	HP	Z230		N/A	2303E250527	Toshiba Label Printer	N/A
51592	3J0CB81	Dell	520		N/A	2303E250530	Toshiba Label Printer	N/A
60901	N/A	HP	Compaq		N/A	2303E250528	Toshiba Label Printer	N/A
N/A	FGB2HQ1	Dell	580		N/A	2303E250523	Toshiba Label Printer	N/A
78219	2UA30207DK	HP	220		N/A	VNB3D04690	HP Printer	N/A
79519	2UA4351NB5	HP	230		59792	CNBJP66760	HP Printer	59792
77812	2UA2501KGH	HP	220		59871	CNB2S00851	HP Printer	59871
77892	2UA2501GYF	HP	220		N/A	CNB9C02797	HP Printer	N/A
78191	2UA30207HC	HP	220		61448	CNJ1S81675	HP Printer	61448
80512	5CG546518H	HP Laptop	650		61396	03C07350212	Zebra Label Printer	61396
78811	5CB3200NK7	HP Laptop	8570		61176	03C07320532	Zebra Label Printer	61176

78413	5CB3200N8T	HP Laptop	8570		N/A	JPDCG78025	HP Printer	N/A
79626		HP Laptop	8570		87278	AAADC03955	Fujitsu Scanner	87278
82194	2CE4030SDL	HP Elitebook	810		N/A	56C0226	Magicard	N/A
78418	5CB3200V37	HP Laptop	8570		N/A	55C9384	Magicard	N/A
90530	5CG83526IT	HP Elitebook	850 G5		N/A	CN0A83R19Q051 5	HP Printer	N/A
88780	5CG7292T47	Hp Elitebook	850		55766	41A070900641	Zebra Label Printer	55766
87297	5CG6133HBX	ElitebookHP	850		76821	FOC1613W2N7	Cisco Mini Switch	76821
88351	5CG6133H6T	HP Elitebook	850 G3		86994	FOC1928Y381	Cisco Mini Switch	86994
88779	5CG7292TFB	HP Elitebook	850 G3		48559	MX05R10847605 28FAS8E	Dell Monitor	48559
88353	5CG6133H8S	Hp Elitebook	850 G3		61435	12742330	Kodak Scanner	61435
84881	5CG6133H7H	HP Elitebook	850 G3		N/A	763xk52	Dell Desktop	N/A
94697	5CG1435QOL	HP Zbook	Firefly		N/A	84-263814F10009	Iolan/Router	N/A
91980	5CG012C5H1	HP Elitebook	850 G6		N/A	FJC1915AOKZ	Cisco Router	N/A
91291	5CG9113987	HP Elitebook	830		N/A	(01)07898362230 097	Cisco Switch	N/A
91542	5CG906IZ5P	HP Elitebook	850 G5		N/A	FTX1828823D	Cisco Switch	N/A
92003	5CG012C6PD	HP Elitebook	850 G6		N/A	FTX1828823E	Cisco Switch	N/A
93053	5CG04874T4	HP Elitebook	850 G6		N/A	FTX1815AHK0	Cisco Switch	N/A
92037	5CG017BKPZ	HP Elitebook	850 G6		N/A	84-284613F10018	Iolan/Router	N/A
87520	2UA6341T2B	HP Prodesk			N/A	(01)07898362230 097	Cisco Switch	N/A
90286	2UA8081LYP	HP Desktop	Z240		N/A	(01)07898362230 097	Cisco Switch	N/A
90453	2UA8232QXN	HP Desktop	Z240		N/A	(01)07898362230 097	Cisco Switch	N/A
78898	2UA302079Q	HP Desktop	Z220		N/A	(01)07898362230 097	Cisco Switch	N/A
87517	2UA6341T1H	Mini Probook			N/A	FTX1740AKUK	Cisco Switch	N/A
84165	2UA5481Q7C	Mini Probook			47186	JB0503014712	APC UPS	47186
86238	8CC8420GQ1	Mini Probook			N/A	CNK6310GVF	HP Monitor	N/A
90547	CF-VEK201LM	Panasonic Toughbook			60914	ETL61020186250 14CB4112	Acer Monitor	60914
90941	5CG846150G	Laptop	850 G3		61384	CNG729024N	HP Monitor	61384
88774	5CG7292TJS	Laptop	850 G3		N/A	N/A	VOIP Gateway	N/A
63164	FTX122891KN	Access Point			N/A	84-263414F1001	Iolan/Router	N/A
N/A	X3FX001670	Epson Scanner			N/A	(01)07898362230 097	Cisco Switch	N/A
N/A	X3FX006394	Epson Scanner			N/A	84-263414F10009	Iolan/Router	N/A
73950	CN0RNMH6744 4512PDLRS	Dell Monitor			N/A	CISCO2901/K9 V06	Cisco Switch	N/A
65790	3CQ91311YJ	HP Monitor			N/A	CN0FP04F728724 8BARDM	Dell Monitor	N/A
59733	CNC729RQFV	HP Monitor			N/A	FTX182980XN	Cisco Switch	N/A
59744	CNC729RPXP	HP Monitor			N/A	CN0FJ44J744454C PAUGM	Dell Monitor	N/A
68321	CNK81311Y1	HP Monitor			N/A	3CQ2371JKQ	HP Monitor	N/A

68320	CNK81311XW	HP Monitor		79218	3CQ4322SWC	HP Monitor	79218
53268	CN0CC3526418 063407NS	Dell Monitor		N/A	53851077942	Acer Monitor	N/A
84769	CNK5340BXN	HP Monitor		77658	3CQ246152B	HP Monitor	77658
61065	CNG74404YJ	HP Monitor		N/A	5058145051	Telephone Gateway	N/A
60876	CNK638075T	HP Monitor		N/A	5058144916	Telephone Gateway	N/A
60864	CNK638077R	HP Monitor		N/A	5058161232	Telephone Gateway	N/A
N/A	MMLYWAA003 60409DAD4208	Acer Monitor		N/A	FOC1826Y2Y0	Cisco Mini Switch	N/A
77749	3CQ24614KF	HP Monitor		N/A	FOC1826Y2Y1	Cisco Mini Switch	N/A
78278	3CQ2371JZ1	HP Monitor		N/A	FOC1826Y2YP	Cisco Mini Switch	N/A
78269	3CQ2371J78	HP Monitor		N/A	FOC1826Y2YT	Cisco Mini Switch	N/A
N/A	3CQ3330QJ8	HP Monitor		N/A	FOC1824Y48W	Cisco Mini Switch	N/A
84761	CNK5340CS1	HP Monitor		N/A	2G400F	Digium Router	N/A
87009	3CQ52304RC	HP Monitor		N/A	FOC1824Y490	Cisco Mini Switch	N/A
87273	AAADC03948	Fujitsu Scanner		N/A	003044605773	CradlePoint	N/A
84128	2UA34220K4	HPDesktop		N/A	00304460577f	CradlePoint	N/A
N/A	MMLYWAA003 6017A98C4200	Acer Monitor		N/A	FOC2033Y2XX	Cisco Mini Switch	N/A
N/A	CN04JNJ264180 9AB0KML	Dell Monitor		N/A	P74F005083	Epson Receipt Printer	N/A
N/A	VND3602680	HP Printer		N/A	P74F005089	Epson Receipt Printer	N/A
N/A	CNB9H16790	HP Printer		N/A	P74F005027	Epson Receipt Printer	N/A
N/A	U65176E9N284 590	Brother Printer		N/A	P74F005079	Epson Receipt Printer	N/A
87059	6CM5330V4K	HP Monitor		N/A	P74F005031	Epson Receipt Printer	N/A
N/A	2303E250518	Toshiba Label Printer		N/A	2303E250520	Toshiba Label Printer	N/A

BC2025-619

TITLE	Cuyahoga County State Crisis Intervention Program Grant
DEPARTMENT OR AGENCY NAME	Cuyahoga County Department of Health and Human Services
REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input checked="" 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).

<p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	State Crisis Intervention Program Grant	2/1/2025-12/31/2026	\$426,044.07		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The State Crisis Intervention Program provides funds that go toward providing comprehensive clinical and stabilization services for children in the custody of the Cuyahoga County Division of Children and Family Services (CCDCFS). These services will address the unique needs of multi-system youth experiencing crises, particularly those at heightened risk of violence, including gun violence. By combining trauma-informed behavioral health care, crisis stabilization, and comprehensive wraparound services, the initiative seeks to close critical service gaps, reduce the risk of recidivism and violence, and empower youth to build resilience and achieve long-term stability.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Comprehensive Clinical Services- Behavioral Health Assessments: Within 24-48 hours of admission, all youth will receive a thorough behavioral health assessment conducted by licensed clinicians.				
	Crisis Stabilization Services- Emergency Stabilization Unit: CCH will house a dedicated stabilization unit designed to provide short-term, intensive care for youth in crisis.				
	Violence Prevention Programming- Conflict Resolution and De-escalation Training				

<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>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.</p>	
SUBRECIPIENT'S NAME AND ADDRESS:	Cleveland Christian Home
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	11401 Lorain Avenue Cleveland, OH 44111
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	District 3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County Wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety/Office of Criminal Justice Services
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	n/a

BC2025-620

(See related items for proposed travel/memberships for the week of 9/29/2025 in Section C above).

BC2025-621

(See related items for proposed purchases for the week of 9/29/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Hazard Mitigation Grant Award - Lakefront; Amended Grant Agreement No.
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" 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)	Hazard Mitigation Grant	7/27/2022 – 7/27/2024	\$2,160,000.00	11/22/2022	CON2022-88
AMENDMENT (A-1)	Hazard Mitigation Grant	7/27/2022 – 7/27/2025	\$0.00	4/29/2024	CON2024-39
AMENDMENT (A-)	Hazard Mitigation Grant	7/27/2022 – 12/30/2025	\$0.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Department of Public Works requests approval to submit a grant extension request to the Ohio Department of Public Safety, Emergency Management Agency for a previously signed agreement and to modify the performance period from July 27, 2022, to July 27, 2025, to now July 27, 2022, to December 30, 2025.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Grant funds will be used to complete the Cuyahoga County Shoreline Erosion Mitigation Plan, a project to advance the Cuyahoga County Lakefront Public Access Plan. The Cuyahoga County Shoreline Erosion Mitigation Plan project will focus on erosion and mitigation in four project sites across Cuyahoga County. The final sites will be selected as part of the plan development process.			

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.
	General Fund

	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	\$240,000.00

Item No. 2

TITLE	EXTENSION OF TIME – FY2023 OJJDP GRANT – DELINQUENCY PREVENTION
DEPARTMENT OR AGENCY NAME	JUVENILE COURT

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	FY2023 OJJDP GRANT	1/1/2024 – 6/30/2025	\$450,000.00	4/15/2024	CON2024-36
AMENDMENT (A-1)	FY2023 OJJDP GRANT	1/1/2024 – 6/30/2026	\$-0-	PENDING	PENDING
DESCRIPTION/ EXPLANATION OF THE GRANT:		REQUESTING TO EXTEND GRANT PERIOD FROM 6/30/2025 TO 6/30/2026 TO CONTINUE THE PLAN/DESIGN OF A CONTINUUM OF CARE INITIATIVE CALLED CARE FIRST CUYAHOGA (CFC).			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		COMPLETING ASSET MAP, GAP ANALYSIS AND COST-SAVINGS ASSESSMENT			
		FACILITATE CFC PLANNING PROCESS AND DELIVER COMPREHENSIVE COMMUNITY PLAN TO ADDRESS RACIAL DISPARITIES IN ACCESSING DIVERSION ALTERNATIVES TO INCARCERATION AND HOLISTIC COMMUNITY BASED SUPPORT			
		WHEN FULLY IMPLEMENTED, VARIETY OF GOVERNMENT AGENCIES AND COMMUNITY BASED ORGANIZATIONS WILL WORK COLLABORATIVELY TO WORK WITH YOUTH AND THEIR FAMILIES TO GAIN ACCESS TO INDIVIDUALIZED DEVELOPMENT AND FAMILY SUPPORT IN THEIR OWN NEIGHBORHOODS FROM ENTITIES THEY TRUST			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
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.
	Ohio Department of Justice, Office of Juvenile Justice Delinquency Prevention FY2023 Building Local Continuums of Care to Support Youth Success
	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. 3

TITLE	GRANT MOU – SFY 2026 & 2027 – BHJJ GRANT AWARD
DEPARTMENT OR AGENCY NAME	JUVENILE COURT

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" 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	APPROVAL NO.
ORIGINAL (O)	BHJJ GRANT	9/9/2025 – 6/30/2027	\$813,326.32	PENDING	PENDING
DESCRIPTION/ EXPLANATION OF THE GRANT:		Requesting to accept award with Ohio Department of Youth Services for the Behavioral Health and Juvenile Justice (BHJJ) funding as set forth in the attached fully executed MOU.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Provide the Court with the ability to develop/purchase a range of community-based options to meet the needs of each juvenile offender/youth at risk of offending.			
		Support various staffing salaries servicing youth and families in the Court process.			
		Support the cost of providing ongoing training and consultation to Court staff.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
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.
	Ohio Department of Youth Services, RECLAIM (Reasoned and Equitable Community and Local Alternative to the Incarceration of Minors) Ohio Grant Fund
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 4

TITLE	PSJS on behalf of CCMEC - Cuyahoga County District Board of Health – Centers for Disease Control and Prevention: Overdose Data to Action Grant Subaward - \$237,251.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services on behalf of the Medical Examiner's Office

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	Centers for Disease Control and Prevention: Overdose Data to Action Grant	9/1/2025-8/31/2026	\$237,251.00	CON2023-114 CON2024-117 CON2024-122	10/30/2023 12/9/2024 12/23/2024
AMENDMENT (A-1)					
AMENDMENT (A-2)					
DESCRIPTION/EXPLANATION OF THE GRANT:	<p>Public Safety & Justice Services on behalf of the Medical Examiner's Office is submitting a grant award in connection with funding under the CDC Overdose Data to Action Grant as the subrecipient of Cuyahoga County District Board of Health in the amount of \$237,251.00 for the time period 9/1/2025-8/31/2026.</p> <p>Under the Overdose Data to Action Grant, the Cuyahoga County Medical Examiner's Office (CCMEC) will conduct toxicologic testing of used syringes from sites in Cuyahoga County at the Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) to track over time the distribution of illicitly manufactured opioids.</p>				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Testing of public health samples to improve awareness of people who are using illicit opioids and stimulants who may be at high risk for overdose.
	Reduce the number of overdose deaths within Cuyahoga County.
	Develop education and outreach of prevention strategies and illustrate emerging drug trends in the County.

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:	All Council Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All Council Districts & Municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Center for Disease Control : Limiting Ov Overdose Data to Action Grant
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 5

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 9/29/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT