



**Cuyahoga County Board of Control Agenda
Monday, October 6, 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 – 9/29/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-622

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Corix Cleveland Thermal Steam LP in the total amount not-to-exceed \$84,276.00 for repairs to the Justice Center steam system, which includes a contingency reserve of \$20,000.00 for potential weekend labor and unforeseen conditions if authorized by the County, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 5669 with Corix Cleveland Thermal Steam LP in the total amount not-to-exceed \$84,276.00 for repairs to the Justice Center steam system, which includes a contingency reserve of \$20,000.00 for potential weekend labor and unforeseen conditions if authorized by the County, effective upon signatures of all parties for a period of 1 year.

Funding Source: Capital Project – General Fund

BC2025-623

Fiscal Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to CoStar Realty Information, Inc. in the amount not-to-exceed \$34,154.10 for the renewal of Property and Comp Professional license subscriptions for the period 4/1/2025 – 9/30/2026.

- b) Recommending an award on Purchase Order No. 25003884 to CoStar Realty Information, Inc. in the amount not-to-exceed \$34,154.10 for the renewal of Property and Comp Professional license subscriptions for the period 4/1/2025 – 9/30/2026.

Funding Source: Real Estate Assessment Fund

BC2025-624

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with Olivet Housing and Community Development Corporation (via Contract No. 5670) in the amount not-to-exceed \$100,000.00 to provide funding for a workforce training program at University Hospital Otis Moss Jr. Health Center to provide career readiness, job skills, and other associated services to help career growth for individuals that are unemployed or living below the poverty level, effective upon contract signatures of all parties for a period of 2 years.

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

BC2025-625

Department of Information Technology, recommending an award on Purchase Order No. 25003803 to MNJ Technologies Direct Inc. in the amount not-to-exceed \$148,764.00 for a joint cooperative purchase for the renewal of (1127) Nitro Pro Business licenses for the period 11/13/2025 – 11/12/2026.

Funding Source: General Fund

BC2025-626

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amazon Web Services, Inc. in the amount not-to-exceed \$45,000.00 for the renewal of Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 10/6/2025 – 2/6/2026.
- b) Recommending an award on Purchase Order No. 25003807 to Amazon Web Services, Inc. in the amount not-to-exceed \$45,000.00 for the renewal of Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 10/6/2025 – 2/6/2026.

Funding Source: General Fund

BC2025-627

Department of Information Technology, recommending an award on Purchase Order No. 25003849 to SHI International Corp. in the amount not-to-exceed \$145,431.01 for a joint cooperative purchase for the renewal of various hardware, software, licenses and Cisco Smart Net Hardware Services and Support with various effective dates between 9/12/2025 through 12/31/2026.

Funding Source: General Fund

BC2025-628

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 5448 (fka Agreement Nos. 3676 and 2291) with Cleveland Municipal Court for education services for the Domestic Intervention, Education and Training Program for the period 7/1/2021 – 6/30/2025 to extend the time period to 6/30/2027, to change Section A.21 of the Original Agreement to add additional language addressing Confidentiality and for additional funds in the amount not-to-exceed \$496,120.00, effective 7/1/2025.

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

BC2025-629

County Prosecutor, recommending an award on Purchase Order No. 25003735 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$53,250.00 for a state contract purchase for replacement of (30) HP ZBook Firefly mobile workstations and (15) HP Elite Mini Desktop Computers for the Child Support Enforcement Agency unit.

Funding Source: General Fund

BC2025-630

Medical Examiner's Office, submitting an amendment to Contract No. 5122 with Thermo Electron North America LLC for preventative maintenance, service plans for various Spectrometers, TSQ and Vanquish equipment for the period 1/1/2025 – 12/31/2025 to extend the time period to 12/31/2026, to include the updated service plans for the extended term as Exhibit A and for additional funds in the amount not-to-exceed \$149,496.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-631

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in a payment to Cuyahoga Community College District in the amount not-to-exceed \$51,873.84 as final payment for May and June 2025 invoices for youth workforce employment, education and training services in connection with Comprehensive Case Management Employment Program for in school services rendered under Contract No. 3651 during the contract term of 7/1/2023 – 6/30/2025.
- b) Recommending a payment on Purchase Order No. 25003716 to Cuyahoga Community College District in the amount not-to-exceed \$51,873.84 as final payment for May and June 2025 invoices for youth workforce employment, education and training services in connection with Comprehensive Case Management Employment Program for in school services rendered under Contract No. 3651 during the contract term of 7/1/2023 – 6/30/2025.

Funding Source: Federal Temporary Assistance to Needy Families (TANF)

BC2025-632

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, recommending an award and enter into Agreement No. 5513 with Educational Service Center of Northeast Ohio to serve as fiscal agent on behalf of Center for Community Solutions for provision of system coordination planning and implementation activities for the Infant and Early Childhood Mental Health Workforce Task Force plan in the amount not-to-exceed \$22,300.00, effective upon signatures of all parties through 7/31/2026.

Funding Source: Health and Human Services Levy Fund

BC2025-633

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5264 (fka Contract No. 4191) with Enterprise Community Partners, Inc. to provide permanent supporting housing and income and stability planning services in connection with the Continuum of Care program for the period 1/1/2024 – 12/31/2025 to amend Article I, Section 1.1 titled “Scope of Agreement” to supplement the Statement of Work with Exhibit I-B and to supplement the Budget with Exhibit II-B, for additional funds in the amount of \$138,700.00, effective upon signatures of all parties.

Funding Source: US Department of Housing and Urban Development Planning Grant

C. – Consent Agenda

BC2025-634

Fiscal Department, presenting proposed travel/membership requests for the week of 10/6/2025:

Dept:	Medical Examiner’s Office							
Event:	National Association of Medical Examiners Annual Meeting							
Source:	National Association of Medical Examiners							
Location:	Louisville, KY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Thomas Gilson	10/17/2025-10/21/2025	\$850.00	\$186.00	\$729.16	\$576.60	\$0.00	\$2,341.76	Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Annual meeting for National Association of Medical Examiners Acquire up-to-date information on forensic pathology. Present current research from Cuyahoga County Medical Examiner's Office (CCMEO). Recruit for vacancies in medical staff positions. Engage with fellowship candidates Maintain profile of the CCMEO Committee meeting/business meeting advocacy.

Dept:	Department of Health and Human Services							
Event:	Saves All Grantee Meeting							
Source:	Saves Demonstration Grant							
Location:	Denver, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christine Meznarich	11/3/2025-11/6/2025	\$0.00	\$200.00	\$570.00	\$100.00	\$410.97	\$1,280.97	Saves Demonstration Grant
Jeffrey Bloom	11/3/2025-11/6/2025	\$0.00	\$200.00	\$570.00	\$100.00	\$410.97	\$1,280.97	Saves Demonstration Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Employees to attend the Saves Access for Victims Economic Security meeting. Agenda topics include Sustaining Progress, Advancing child Support and Domestic Violence responses through policy practice and partnership. Systems and building foundations for last change. Trauma-Informed approaches and safety strategies. Sustainability and strategic visioning.

BC2025-635

Department of Purchasing, presenting proposed purchases for the week of 10/6/2025:

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
25003629	(1) Plow and Salt Spreader for Truck	Department of Public Works	McGivern Enterprise Inc dba A&A Hydraulic & Equipment	\$16,811.86	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003475	Factory Authorized – Accident repairs on 2023 Chevrolet Tahoe*	Department of Public Works	Tim Lally Chevrolet, Inc.	\$10,485.84	General Fund
25003797	Factory Authorized – Engine replacement on 2019 Ford F450 Super truck*	Department of Public Works	Sarchione Ford of Alliance	\$22,485.38	Road and Bridge Fund
25003816	Factory Authorized – Excavator Repairs *	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$25,707.00	Road and Bridge Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to increase the allocation for (1) user department, to provide the funding source in accordance with the Procurement Card Program Services section of the Master Services Agreement.

- a) Department of Health and Human Services/Division of Children and Family Services increased from \$20,000.00 to \$30,000.00.

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

Item No. 2

Sheriff's Department, submitting a grant award from Ohio Department of Public Safety/Ohio State Highway Patrol/Ohio Traffic Safety Office in the total amount not-to-exceed \$109,874.58 for various grant programs in connection with the FFY2026 Traffic Safety Grant Program: Selective Traffic & Impaired Driving Enforcement Programs (IDEP/STEP) (Based on Fatal Crash Problem ID) grant for the period 10/1/2025 – 9/30/2026.

- 1) Repeat Offenders for Driving While Intoxicated in the amount of \$50,983.46

2) State and Community Highway Safety in the amount of \$58,891.12

Funding Source: 100% US Department of Transportation, National Highway and Traffic Safety Administration through the Ohio Traffic Safety Office.

Item No. 3

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
14474	4637	Independence Excavating, Inc.	For the construction of 2.66 miles of shared use path along North Marginal Road Connector from East 9th Street to East 55th Street in the City of Cleveland, for various increases, decreases, and new plan items based on field conditions.	For a decrease of funds in the amount of (\$0.01), effective 9/4/2025	Department of Public Works	Upon signature-project completion	Federal Funds	(Executive) 9/25/2025
NA	5668 (fka 5013)	Automated Business Equipment Corp. aka F&E Payment Pros for the assignment and assumption of the contract to Intelligent Payment Solutions dba F&E Payment Pros	To provide remittance scanners and associated maintenance, support, and licensing services.	\$3,350.00 for a new Remittance Scanner	Fiscal Office	Effective upon signatures of all parties- 09/30/2027	(Original) Special Interest Fund	(Executive) 9/29/2025 (Law) 9/29/2025
14493	4857	Case Western Reserve University	For evaluation services for the Cuyahoga County Diversion Program, inclusive of Call-in Helpline services, Diversion Center Operations, and	\$0.00	Department of Public Safety and Justice Services	10/1/2024- 9/30/2025 to extend the time period to 12/31/2025	(Original) FY2022 Byrne Discretionary Funding Grant Program	(Executive) 9/25/2025 (Law) 9/24/2025

			Crisis Intervention Team (CIT) Training, and its overall impact on the justice system					
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, September 29, 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 11:00 a.m.

Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Joseph Nanni, County Council (Alternate Michael Houser)

Laura Black, County Council (Alternate for Robert Schleper)

II. – REVIEW MINUTES – 9/22/2025

Michael Chambers Michael Chambers motioned to approve the minutes from the September 22, 2025, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-608

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-608 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-609 was approved by unanimous vote.

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

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 BC2025-610 was approved by unanimous vote.

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)

Kathryn Guinther, Sheriff's Department, presented. Michael Chambers asked can you confirm we are only changing the funding source and all other aspects of the project, including scope and timeline, remain unchanged. Joseph Nanni asked is this for equipment, cameras or technology; asked are MDT's the dash

cams. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-611 was approved by unanimous vote.

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

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-612 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-613 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked is there a certain dollar amount per person. Michael Chambers motioned to approve the item Meredith Turner seconded. Item BC2025-614 was approved by unanimous vote.

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 Axxess Family Services, Inc. dba Mobile Meals for Home Delivered Meals services.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked for a breakdown by districts where services are being held; commented it would be nice to see where folks are receiving these services and the nature of these services. Paul Porter commented that Kit Newall who works for Health and Human Services, has done heat type maps before that show where the clients are and what type of services they get. He further commented that because the case management software system has changed, they may not be able to produce a point-in-time report up to today. He further commented that they could report on what it was in calendar year 2024. Meredith Turner commented whatever you have would be great. The Presenter will follow up. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-615 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-616 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-617 through BC2025-621; Michael Dever seconded. The Consent Agenda Items were approved by unanimous vote.

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 No. 3005 (fka 1985))	Permitium, LLC	Sole source services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit	0.00	Sheriff's Department	1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026	(Original) Revenue Generating	(Executive) 9/22/2025 (Law) 9/22/2025
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 Company Limited Partnership d/b/a Terminix Commercial)	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
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),	(Executive) 9/22/2025

				1% Ohio Lake Erie Commission Grant (\$150,000.00)	
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VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

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

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-622

Title	Public Works-Justice Center Steam Repairs-Corix Cleveland Thermal Steam LP
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)	CM5669	Corix Cleveland Thermal Steam LP	Upon Execution for a period of 1 year	\$84,276.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). This request is for a one-year contract with Corix Cleveland Thermal in the amount of \$84,276 for steam system repairs to be completed at the Justice Center facility.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goal of this request is for immediate repairs to the steam distribution equipment at the Cuyahoga County Justice Center.

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):
Corix Cleveland Thermal Steam LP 1921 Hamilton Ave. Cleveland, Ohio 44114	Scott Templeton, Sr. Manager-Customer & Infrastructure

Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Corix Cleveland Thermal is the steam utility vendor for this location and they must complete the repairs. *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% General Fund/Capital
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. PW600100 55220 CFCTW0000202
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9.12.25
Date documents were requested from vendor:	9.12.25
Date of insurance approval from risk manager:	9.12.25
Date Department of Law approved Contract:	9.12.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-623

Title	Comprehensive real estate database access and respective license subscription
Department or Agency Name	Fiscal Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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	25003884	CoStar Realty Information, Inc.	04/01/2025 – 09/30/2026	\$34,154.10	Pending	Pending
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Service/Item Description (include quantity if applicable).

The Fiscal Department is requesting approval of a purchase order, per the chart above, to secure a purchase order for access to a comprehensive real estate database access and respective license subscription.

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):

CoStar Realty Information, Inc. is the current and historical provider of this database subscription for the Appraisal Department and Board of Revisions. Access to this comprehensive database with real estate information is necessary in the valuation and appraisal of properties in the county. CoStar is a proven product with known quality.

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):
CoStar Realty Information Inc 600 W Superior Ave #1310 Cleveland, OH 44114	Charles Spryn Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The vendor has not terminated services. This PO is to pay for services during the ongoing contract negotiations. *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 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: 01/19/2023
Is the item ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Real Estate Assessment 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. FS305100
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: Turn over in company and vendor does not provide timely response and issues resolving contract language
Timeline

Project/Procurement Start Date (date your team started working on this item):	11/29/2024
Date documents were requested from vendor:	11/29/2024
Date of insurance approval from risk manager:	Pending
Date Department of Law approved Contract:	Pending
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Vendor has not discontinued services	
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.
	PO24004963	CoStar Realty Information, Inc.	04/01/2024 – 03/31/2025	\$17,693.28	12/9/2024	BC2024-914

BC2025-624

Title	Olivet Housing and Community Development Corporation/ Contract/ 2-Year Contract to provide funding for workforce Cooperative.
Department or Agency Name	Fiscal Department on behalf of the Executive Department
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	5670	Olivet Housing and Community Development Corporation	Effective-2 year	\$100,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). This is a contract to provide funding for a workforce cooperative. This program will provide college and career readiness workshops, advanced manufacturing, digital skills, insurance industry training, information technology programs and guides to help with career growth.
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Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Provide Technical Skill Training Provide Community Based Support Provide Professional Skill Training

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):
Olivet Housing and Community Development Corporation 8819 Quincy Avenue Cleveland, Ohio 44106	Daisy Alford-Smith Executive Director
Vendor Council District:	Project Council District:
District 7	Yvonne Conwell
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. Grant Award *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% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100500 FS-21-ARP-LFRF
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2025-625

Title	PO25003803JCOP- 2025- Renewal of Nitro Pro Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25003803 JCOP	MNJ Technologies Direct	11/13/2025- 11/12/2026	\$148,764.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology plans to contract with MNJ Technologies Direct, for the renewal of the software subscription of Nitro PDF in the amount of \$148,764.00.

Nitro Pro is a PDF editing software that allows users to create, convert, edit, sign, and share PDF documents.

Renewal Period is for 1 year- 11/13/2025- 11/12/2026 (Quantity of 1,127 Contacts)

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 renewal of the software subscription of Nitro PDF

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account manager
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. NCPA-01-148 Expires on 11.30.2025 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA-01-148 Expires on 11.30.2025
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% General Fund</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>IT100150</p>
<p>Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

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.
	PO24003539 STAC	MNJ Technologies Direct, Inc.	11/12/2024- 11/12/2025	\$129,800.00	9/9/2024	BC2024-647

BC2025-626

Title	PO25003807EXMT- 2025- Procurement of Amazon Web Services Cloud Hosting
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25003807 EXMT	Amazon Web Services Inc	10/6/2025 – 2/6/2026	\$45,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).
 The Department of Information Technology plans to contract with Amazon Web Services, for Cloud Hosting for 4 Months in the amount of \$45,000.00.

Coverage term: 10/6/2025 – 2/6/2026.

This request is for an additional Purchase Order in the amount of \$45,000 to ensure continued payment to Amazon Web Services (AWS) through the remainder of 2025.

Due to the variable nature of AWS usage, it is difficult to accurately forecast usage at the beginning of the year. This additional funding is necessary to accommodate ongoing and anticipated usage through year-end.

This is a hosted service which will be used for the following:

- Disaster Recovery backup on on-prem systems
- Secure Application access for external parties to ERP Financial Systems

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):
 Procurement of Amazon Web Services Cloud Hosting – 4 months in the amount of \$45,000.00

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):
Amazon Web Services (AWS) 410 Terry Avenue North	Gina Brown AWS Point of Contact

Seattle, Washington 98109	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Amazon Web Services is the current provider of the County's cloud hosting services. In addition, the County piggybacked on the State Department of Administrative Services' contract with Amazon Web Services. AWS was the most cost viable option for backup services after reviewing various other options. The County has switched from physical tape backup to virtual tape backup with an estimated annual storage of 1 Petabyte (1000+Terabytes) (1 million GB). *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:
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<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

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

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

	PO24003427 EXMT	Amazon Web Services	3/1/2025 – 2/28/2026	\$180,000.00	9/30/2024	BC2024-697
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BC2025-627

Title	PO25003849JCOP – 2025 - Procurement of Cisco Smartnet Support Licenses
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25003849 JCOP	SHI International Corp	Multiple	\$ 145,431.01	PENDING	PENDING

The Department of Information Technology plans to contract with SHI International Corp., for Cisco Smartnet Support Licenses in the amount of \$145,431.01.

This request is for the 2026 Cisco Smart Net Hardware Service and Support license subscription to cover critical pieces of network infrastructure owned by Cuyahoga County. Most of the equipment on this list is the Cisco hardware located in the datacenters or core components of the infrastructure that are major network distribution points within buildings.

Coverage Terms for Licenses:

*9/12/2025 – 12/31/2026 Term begins upon the purchase order approval

10/17/2025 – 12/31/2026

1/1/2026 – 12/31/2026

3/1/2026 – 12/31/2026

3/5/2026 – 12/31/2026

3/26/2026 – 12/31/2026

4/12/2026 – 12/31/2026

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):
Procurement of Cisco Smartnet Support Licenses

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):
SHI International Corp. 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. SHI is able to provide the County with joint cooperative purchasing contract pricing under Sourcewell contract #121923, which expires February 27, 2028. Cisco Smartnet is an approved IT standard that is in use within the County's IT infrastructure. Additionally, SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100165- \$127,736.88 -%87.83 IT100180- \$17,694.13 - %12.17
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. Some of the start dates listed in the quote are in the past, which indicates that support for those licenses has lapsed. While services have not yet begun, in situations like this—where the procurement process extends past the intended start date—the vendor typically uses the PO’s effective date as the official start of the new coverage term, with the total term still being for one year or more. Once the PO is fully approved, payment will be made in full within 60 days. The latest service coverage runs through 12/31/2026.	
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: Services have not yet started, and payment has not been made. Services will begin once the purchase order receives final approval. Vendor will use date of execution as the beginning of the term.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9.18.2025
Date documents were requested from vendor:	9.16.2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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.
	PO24004314 JCOP	SHI International Corp	12/15/2024-12/31/2025	\$174,333.66	10/28/2024	BC2024-772

BC2025-628

Title	Cleveland Municipal Court DIET 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	2991	Cleveland Municipal Court	July 1, 2021 to June 30, 2023	\$496,120.00	8/23/2022	BC2022-205
First Amendment	3676	Cleveland Municipal Court	July 1, 2023 to June 30, 2025	\$496,120.00	09/25/2023	BC2023-589
Second Amendment	3676	Cleveland Municipal Court	July 1, 2023 to June 30, 2025	\$85,000.00	5/12/2025	BC2025-315
Third Amendment	5448	Cleveland Municipal Court	July 1, 2025 to June 30, 2027	\$ 496,120.00	Pending	Pending

Service/Item Description (include quantity if applicable). The Cleveland Municipal Court Domestic Intervention, Education, and Training (DIET) Program was launched in 2006 with grant funding from the Ohio Department of Rehabilitation and Correction to support local community sanction initiatives. Operated by the City of Cleveland's Probation Department, the program's objective is to divert offenders charged with domestic violence-related offenses into a psychosocial education program as an alternative to incarceration. Under the DIET Program, offenders are required to attend eight (8) consecutive two-hour sessions. The program implements the University of Cincinnati's Center for Criminal Justice Research Cognitive Behavioral Intervention for Intimate Partner Violence (CBI-IPV) curriculum, which addresses the needs of offenders convicted of domestic violence by either the Cleveland Municipal Court or the Cuyahoga County Common Pleas Court.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The Cleveland Municipal Court DIET Program addresses the needs of offenders convicted of domestic violence in both the Cleveland Municipal Court and the Cuyahoga County Common Pleas Court by utilizing the University of Cincinnati Center for Criminal Justice's Cognitive Behavioral Intervention for Intimate Partner Violence (CBI-IPV) curriculum.

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):
City of Cleveland Municipal Court 1200 Ontario St. (Justice Center) Cleveland, OH 44113	Justin Bibb, Mayor, City of Cleveland
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 ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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. The project is 100% funded through Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act grant.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. CP285170
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is ongoing to ensure clients undergoing supervision by the Common Pleas Court's Adult Probation Department are served with appropriate court-mandated programming.	
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	
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.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	April 1, 2025
Date documents were requested from vendor:	July 11, 2025
Date of insurance approval from risk manager:	Sept 18, 2025
Date Department of Law approved Contract:	Sept 3, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	

If late, have services begun? ☐ No ☒ 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.

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

HISTORY (see instructions): see chart above

BC2025-629

Title	Request for PO25003735 STAC with MNJ Technologies Direct, Inc. for (45) computers for Prosecutor's Child Support Enforcement Agency in the total amount of \$53,250.00
Department or Agency Name	Cuyahoga County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25003735 STAC	MNJ Technologies Direct, Inc.	N/A	\$53,250.00	pending	pending

Service/Item Description (include quantity if applicable).

Purchasing (30) mobile workstations and (15) desktop computers

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):

Replacing Child Support Enforcement Agency computers with Windows 11 capable desktop computers

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager

Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Purchased through State Contract #534486 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS-534486 expires on 7/02/2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
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100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PS100105
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2025-630

Title	CM5122 1 st Amendment with Thermo Electron North America LLC for period 1/1/2026 - 12/31/2026 for preventative maintenance services for the lab equipment, Q Exactive Focus Mass Spectrometer and two (2) Nicolet iS320 FT-IR Spectrometers in the amount not to exceed of \$149,496.00.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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0	5122	Thermo Electron North America LLC	1/1/2025 – 12/31/2025	\$139,588.00	3/10/2025	BC2025-167
A-1	5122	Thermo Electron North America LLC	1/1/2026-12/31/2026	\$149,496.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Maintenance plan for field service repair, technical support, inclusive preventive maintenance review, automatic updates to software and firmware, etc.

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):

Technical support parts and labor.

Preventive maintenance review.

Updates to software and firmware.

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):
Thermo Electron North America LLC 1400 Northpoint Parkway, Suite 10 West Palm Beach, FL 33407	Marc Casper, President & CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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. Contract 1 st Amendment for preventative maintenance. *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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) Original contract was RFP Exemption combining two separate contracts with same vendor. Approved BC2025-167, 3/10/2025
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105/55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
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

BC2025-631

Title	Cuyahoga County Job and Family Services needs to make a final payment on expired Contract CM3651 which expired on 6/30/2025
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3651	Cuyahoga Community College	7/1/2023 – 6/30/2025	\$287,830.42	9/26/2023	R2023-0252
A1	3651	Cuyahoga Community College	7/1/2024 – 6/30/2025	\$287,830.00	11/14/2024	R2024-0385
	25003716	Cuyahoga Community College		\$51,873.84	pending	pending

Service/Item Description (include quantity if applicable). The vendor provides services regarding Comprehensive Case Management and Employment Program (CCMEP) for young adults ages 14-24 for Cuyahoga Job and Family Services. This is purchase order PO25003716 to make

a payment for May 2025 and June 2025 invoices for TANF portion of the contract (CM3651) that expired on 6/30/2025
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): Serve underrepresented, at-risk youth in Cleveland and surrounding suburbs providing Equity in Access to Technology. Provide positive youth development through an individualized approach to technical academic training and STEM career pathway pursuits. Connect at-risk youth with successful and impactful employers and industry leaders for job shadowing, internships, work experiences and other collaborative, career building opportunities.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
3409 Woodland Avenue Cleveland, Ohio 44115	Mary Kay Bitterman, Project Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	County wide

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:	X Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% by Federal Temporary Assistance to Needy Families (TANF) funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100 /55130 / UCH08301
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.	
Payment on an expired contract	
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? ☒ No ☐ Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2025-632

Title	Educational Service Center of Northeast Ohio to serve as the fiscal agent for the Center for Community Solutions in the implementation of the IECMH Workforce Plan
Department or Agency Name	Office of Early Childhood / Invest in Children
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	5513	Educational Service Center of Northeast Ohio	Effective upon signature – 7/31/2026	\$22,300	Pending	Pending

Service/Item Description (include quantity if applicable).

The Infant and Early Childhood Mental Health (IECMH) Workforce Task Force endorsed Invest in Children as the overseer of the implementation of the plan. The Educational Service Center of Northeast Ohio was endorsed to serve as the fiscal agent to pay for services provided by the Center for Community Solutions for implementing the strategies.

Fiscal agent services will be provided from the effective upon signature through July 31, 2026.

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):

Monitor performance of Center for Community Solutions.

Ensure timely coordination of fiscal matters with Invest in Children and Center for Community Solutions, including payment to Center for Community Solutions for Project Director services and for subcontractor payments.
Schedule invoices for payment.

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):
Educational Service Center of Northeast Ohio 6393 Oak Tree Blvd, Independence, OH 44131	Bob Mengerink Assistant Superintendent
Vendor Council District:	Project Council District:
6	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" 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:	
<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. HS260235 / 55130 / UCH09999 – \$19,745.89 HS260240 / 55130 / UCH09999 – \$2,554.11
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): N/A – new contract
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BC2025-633

Title	OHS; Enterprise Community Partners; 2025 Amendment for Continuum of Care Income and Stability Planning
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	4191	Enterprise Community Partners, LLC	1/1/24 – 12/31/24	\$190,000.00	2/26/2024	BC2024-187
A1	5264 (4191)	Enterprise Community Partners, LLC	1/1/25 – 12/31/25	\$235,700.00	3/31/2025	BC2025-228
A2	5264 (4191)	Enterprise Community Partners, LLC	Effective upon signature – 12/31/25	\$138,700.00	pending	pending

Service/Item Description (include quantity if applicable).

OHS receives an annual planning grant from the US Department of Housing and Urban Development through the Homeless Continuum of Care competition. This grant is designed to improve service coordination across the CoC. OHS is issuing subgrants to providers that focus on specific homeless populations/issues identified as priorities in its strategic plan.

Enterprise assists OHS with Income and Stability and Permanent Supportive Housing (PSH) throughout the Continuum of Care. Income and Stability work focuses on improving connections between homeless services and workforce providers in order to improve collaboration, share learnings, and enhance the effectiveness of services for individuals experiencing homelessness in Cuyahoga County. PSH work focuses on increasing the effectiveness and efficiency of the initiative by enhancing request processes, facilitating workgroup meetings, refining monitoring and performance standards, updating the project manual, and reviewing new project proposals.

This amendment will update the scope to include:

An evaluation of the Dedicated Case Management program conducted by Case Western Reserve University, including assessing the population served, implementation, impacts, and effectiveness in cross-system coordination, then sharing findings through a presentation and policy brief.

An in-depth financial analysis of PSH programs in the Cuyahoga CoC to establish equitable funding standards, improve financial reporting and monitoring tools, and recommend best practices for resource allocation and oversight.

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?
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Strengthen connections and cross-system coordination between homeless services, public benefits, and employment supports.</p> <p>Conduct comprehensive financial analyses of PSH projects to establish equitable funding standards, create per-unit cost benchmarks, and develop improved reporting and monitoring templates to ensure consistent, compliant use of HUD CoC and local funds.</p> <p>Recommend best practices for resource allocation, compliance monitoring, and provider collaboration, while facilitating peer-to-peer learning to strengthen PSH system performance</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):
Enterprise Community Partners 1360 E 9th St Cleveland, OH 44114	Ayonna Blue Donald, Ohio president
Vendor Council District:	Project Council District:
07	Countywide
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. Amendment on contract that allows for an extension. *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 checked="" 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) Original procurement was an Exemption <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% US Department of Housing and Urban Development planning grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS220115 55130 HS-25-COC-PLAN
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is ongoing. The contract expires on 12/31/2025; this amendment will not extend the term, only provide additional funding.	
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 above table

C. - Consent Agenda

BC2025-634

(See related items for proposed travel/memberships for the week of 10/6/2025 in Section C above).

BC2025-635

(See related items for proposed purchases for the week of 10/6/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Title	KeyBank Banking and Treasury Services P-Card	
Department or Agency Name	Department of Purchasing	
Requested Action	<input 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 checked="" type="checkbox"/> Other (please specify): Adding funds for 2025 to contract 4645 for the Pcard program.	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4645	KeyBank National Association	10/1/2024 to 9/30/2028	\$4,600,000.00	9/24/2024	R2024-0305
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$52,000.00 to various user departments	10/21/2024	CON2024-98

		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$550,975.00 to various user departments	2/3/2025	CON2025-04
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$15,000.00 to CCVSC and BODD	4/21/2025	CON2025-32
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$107,240.00, adding a new department and transferring card ownership	8/25/2025	CON2025-75
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$10,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

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

Allocate funds for Banking and Treasury Services in the total amount not to exceed \$10,000.00. Changing the card coordinator for PW-Airport.

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

Age of items being replaced: N/A How will replace items be disposed of? N/A

Project Goals, Outcomes or Purpose (list 3):

Allocating funds from the KeyBank contract to DCFS

Breakdown of increases:

DCFS increased from \$20,000.00 to \$30,000.00: 65% HHS LEVY & 35% TITLE IV-E

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):

KeyBank, National Association

Charles Wise

127 Public Square Cleveland, Ohio 44114	Susan Todaro
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input 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>Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.</p> <p>Department of Children and Family Services: \$10,000.00, 65% HHS LEVY & 35% TITLE IV-E</p> <p>Funding Source Breakdown %:</p> <p>65% HHS LEVY</p> <p>35% TITLE IV-E</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>HS260130</p>
<p>Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

<p>Provide status of project.</p>	
<p>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</p>	
<p>Reason: Allocating funds from the current Pcard contract</p>	
<p>Timeline</p>	
<p>Project/Procurement Start Date (date your team started working on this item):</p>	<p>N/A</p>
<p>Date documents were requested from vendor:</p>	<p>N/A</p>
<p>Date of insurance approval from risk manager:</p>	<p>N/A</p>
<p>Date Department of Law approved Contract:</p>	<p>N/A</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	
<p>Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	

<p>HISTORY (see instructions):</p>

Item No. 2

<p>TITLE</p>	<p>FFY26 High Visibility Enforcement Program Ohio (HVEO) Grant</p>
<p>DEPARTMENT OR AGENCY NAME</p>	<p>Sheriff Department</p>

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<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 (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FFY26 High Visibility Enforcement Program Ohio (HVEO) Grant	10/1/2025-9/30/2026	Total amount-\$109,829.58 IDEP – Impaired Driving Enforcement program \$50,938.46 STEP – Selective Traffic Safety Enforcement program \$58,891.12		CON2024-08
				FY2016 HVEO - FY2017 HVEO - FY2018 HVEO - FY2019 HVEO - FY2020 HVEO - FY2021 HVEO - 11/08/2021 Agenda FY2022 HVEO - FY2023 HVEO FY2024 HVEO -1/16/2024 FY2025 HVEO -12/10/2024	DC2015-126 DC2016-60 DC2017-11 CON2018 -112 BC2019-748 BOC Item of Note: Item No. 2 – CON2021-119 CON2022-91 CON2024-08 CON2024-116
AMENDMENT (A-1)					

AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The program is reimbursement for overtime and fuel costs associated with participating in the Ohio High Visibility Enforcement Program. The program is to reduce the number of fatal crashes through highly visible and proactive law enforcement by targeting traffic safety issues.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Reduce the number of traffic-related fatal crashes by 3%.				
	Reduce the number of alcohol-related fatal and serious injury crashes by 3%.				
	Increase seat belt restraint usage to 69.8%.				

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.
	The project is funded 100% by the US Department of Transportation, National Highway and Traffic Safety Administration through the Ohio Traffic Safety Office (OTSO).
	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

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 10/6/2025 in Section V. above).

VI – PUBLIC COMMENT**VII – ADJOURNMENT**