



**Cuyahoga County Board of Control Agenda  
Tuesday, October 14, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

**This meeting is open to the public and may also be accessed via livestream using the following link:**

**<https://www.YouTube.com/CuyahogaCounty>**

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 10/6/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-636**

Department of Public Works, submitting an amendment to Contract No. 5127 with Andrews Moving and Storage Company for moving services for Board of Elections related to 1801 Superior Avenue project for the period 2/4/2025 – 12/31/2026 to update Article One, Section 1.1 of the Original Agreement to update the scope of services to include County requested moving services, and for additional funds in the amount not-to-exceed \$75,000.00, effective upon signatures of all parties.

Funding Source: Capital Project – General Fund

**BC2025-637**

Department of Public Works, submitting an amendment to Contract No. 5487 with Alternalite Electric, Inc. for installation of (1) dual port charging station at the Huntington Park Garage for the period 7/2/2025 through project completion to add Exhibit 1-A related to the purchase and installation of the charging station, 1 year software subscription, and a 5 year performance warranty and for additional funds in the amount not-to-exceed \$10,440.00, effective upon signatures of all parties.

Funding Source: Ohio Environmental Protection Agency - Diesel Mitigation Trust Fund (DMTF) Grant

**BC2025-638**

Department of Public Works, recommending an award and enter into Contract No. 5674 with Star Concrete & Construction Company (160-1) in the amount not-to-exceed \$98,000.00 for detention pond dredging services at the Harvard Avenue Maintenance Yard at 2501 Harvard Avenue, Newburg Heights, effective upon signatures of all parties for a period of 2 years.

Funding Source: Sanitary Sewer Funds

**BC2025-639**

Department of Information Technology, recommending an award on Purchase Order No. 25003885 to SHI International Corp. in the amount not-to-exceed \$377,356.60 for a joint cooperative purchase to replace various Cisco networking products, software subscription services, licensing and support for the Cleveland and Columbus data centers.

Funding Source: Capital Improvement Plan

**BC2025-640**

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5667 (fka Contract No. 1993) with Mizanin Reporting Service, Inc. for court transcription services for the period 1/1/2022 – 12/31/2025 for additional funds in the amount not-to-exceed \$30,000.00.

Funding Source: General Fund

**BC2025-641**

County Prosecutor,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nextpoint, Inc. in the amount not-to-exceed \$70,875.00 for the purchase of (5) License subscriptions to eDiscovery software-as-a-service for the period 9/1/2025 – 8/31/2028.
- b) Recommending an award on Purchase Order No. 25003748 to Nextpoint, Inc. in the amount not-to-exceed \$70,875.00 for the purchase of (5) License subscriptions to eDiscovery software-as-a-service for the period 9/1/2025 – 8/31/2028.

Funding Source: General Fund

**BC2025-642**

Sheriff's Department, recommending an award and enter into Purchase Order No. 25003906 with Rampart USA Corporation in the amount not-to-exceed \$138,786.00 for a sole source purchase of Personal Protective Equipment for Sheriff's Deputies.

Funding Source: Federal Equitable Sharing Account

**BC2025-643**

Sheriff's Department, recommending an award and enter into Contract No. 5625 with Thrive Behavioral Health Center, Inc. (315-3) in the amount not-to-exceed \$193,200.00 for peer navigator services for inmates at the Cuyahoga County Corrections Center with mental health and substance abuse issues, effective upon signatures of all parties for a period of 1 year.

Funding Source: Ohio Attorney General 2025 Opioid Remediation Grant

**BC2025-644**

Medical Examiner's Office, submitting an amendment to Contract No. 5313 with Charity Blasdel for pathology assistant services for the period 4/15/2025 – 12/31/2025 to extend the time period to 12/31/2026, and for additional funds in the amount not-to-exceed \$53,040.00, effective upon signatures of all parties.

Funding Source: Coroner Lab Fund

**BC2025-645**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Oriana House, Inc. in the amount not-to-exceed \$200,000.00 to administer and manage a rental assistance program that supports justice-impacted individuals in Cuyahoga County, effective upon signatures of all parties through 8/31/2026.
- b) Recommending an award and enter into Contract No. 5539 with Oriana House, Inc. in the amount not-to-exceed \$200,000.00 to administer and manage a rental assistance program that supports justice-impacted individuals in Cuyahoga County, effective upon signatures of all parties through 8/31/2026.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda****BC2025-646**

Department of Public Works, submitting an amendment to Contract No. 4125 with CATTS Construction, Inc. for the resurfacing of Forbes Road from Fair Oaks Road to Richmond Road in the Cities of Bedford, Bedford Heights, and the Village of Oakwood for a decrease in the amount of (\$300,406.94); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 55% Federal, 19% Ohio Public Works Commission Grant, 13% County, and 13% Municipalities.

**BC2025-647**

Court of Common Pleas/Domestic Relations Court Division,

- a) Requesting authority to apply for grant funds from U. S. Department of Justice, Office on Violence Against Women in the amount of \$600,000.00 for the Domestic Violence Docket Enhancement Program in connection with FY2025 Office of Violence Against Women Justice for Families Program for the period 10/1/2025 – 9/30/2028.
- b) Submitting a grant award from U. S. Department of Justice, Office on Violence Against Women in the amount of \$600,000.00 for the Domestic Violence Docket Enhancement Program in connection with FY2025 Office of Violence Against Women Justice for Families Program for the period 10/1/2025 – 9/30/2028.

Funding Source: FY2025 Office of Violence Against Women Justice for Families Program

**BC2025-648**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/14/2025:

Dept:	Department of Public Works							
Event:	NREL Executive Energy leadership Academy							
Source:	National Renewable Energy Laboratory (NREL)							
Location:	Golden, CO							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Elizabeth Lehman	9/23/2025- 9/26/2025	\$0.00	\$54.00	\$642.69	\$212.14	\$596.96	\$1,505.79	Utility Operations Fund

\*Paid to host

\*\*Staff reimbursement

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

\*\*\*\* Travel previously approved BC2025-606 amending approval to cover the increase in airfare and Ground TRN/ Mileage

Purpose:

NREL's Executive Energy Leadership Academy (Energy Execs) provides energy industry professionals and community leaders exclusive, in-depth information about NREL's research and programs so they can better design energy technologies at their organizations. I have attended the first 3 sessions, and the final session is scheduled for September. By participating in this program, I have gained insights from NREL researchers on current projects, technology advancements, and resources that support renewable energy and energy systems. I have also been able to learn from peer participants on projects that they are working

on that are relevant to the execution of the CPRG solar grant and to CGE's mission, including solar development, utility coordination, microgrids, and grid resiliency.

Dept:	Sheriff's Department							
Event:	2026 Law Enforcement Leadership Summit							
Source:	Endeavor Business Media Host							
Location:	Tucson, AZ							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	3/23/2026-3/25/2026	\$0.00	\$180.00	\$540.00	\$0.00	\$435.00	\$1,155.00	Endeavor Business Media Hosts

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

To attend the 2026 law Enforcement leadership Summit to collaborate with other leaders throughout the country. To participate in various leadership activities, ideas and conferences related to enhancing the safety and security of our department and community.

**BC2025-649**

Department of Purchasing, presenting proposed purchases for the week of 10/14/2025:

**Direct Open Market Purchases**

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003877	(1) 2025 New Never Titled Ford F-350 Regular Cab 4x4 Truck	Department of Public Works	Bob Maxey Ford, Inc.	\$51,455.00	General Fund

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003891	(1) Submersible grinder pump with moisture sensors*	Department of Public Works	OnePump Global Enterprises LLC dba Excel Fluid Group LLC	\$10,415.00	Sanitary Sewer Fund

25003910	Factory Authorized – Skid Steer Repairs *	Department of Public Works	Ag-Pro Ohio, LLC	\$11,411.83	General Fund
25003960	Factory Authorized – Engine repairs on 2017 Ford F550 Super truck*	Department of Public Works	Sarchione Ford of Alliance	\$38,206.98	Sanitary Fund
25003950	Out-of-home care placement services for the period 9/1/2025-9/30/2025 **	Division of Children and Family Services	Excel Beyond Limits	\$21,750.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

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

## V- OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	5665	United States Department of Agriculture Animal and Plant Health Inspection Service (Aphis) Wildlife Services (Ws)	for animal and wildlife control services for the Cuyahoga County Airport	\$9,706.95	Department of Public Works	1/1/2026 – 12/31/2026	County Airport Operations Fund	(Executive) 10/6/2025
NA	5654 (fka 4907)	Applewood Centers, Inc.	for program administration of a youth residential treatment	<b>For a decrease of funds in the amount of (\$499,867.50),</b>	Court of Common Pleas/	7/1/2024-6/30/2026	(Original) RECLAIM grant	(Executive) 10/8/2025

			program known as the Cognitive Behavioral Treatment Center (CBTC) <b>to reduce the bed hold from 6 beds to 5 and to modify the language in section VII A. Unit Rate.</b>	<b>effective 7/1/2025</b>	Juvenile Court Division			
NA	1342	Gene by Gene, Ltd	for Forensic Genetic Genealogy DNA Analysis and Searching services	0.00	County Prosecutor	8/19/20 – 8/16/2025 <b>to extend the time period to 12/31/25</b>	(Original) Department of Justice, Bureau of Justice Assistance - FY21 Prosecuting Cold Cases using DNA	(Executive) 10/6/2025
NA	Amend Master Contract – Assign Contract No. 5634	Various providers	Adoption Services; <b>to add Adoptions Together, Inc. DBA Paths for Families</b>	0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2025- 12/31/2026	(Original) State Child Protection Allocation	(Executive) 10/6/2025 (Law) 10/6/2025

#### VI – PUBLIC COMMENT

#### VII – ADJOURNMENT

## Minutes

Cuyahoga County Board of Control

Monday, October 6, 2025, 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:

Michael Chambers, Fiscal Officer, serving as Chairman

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

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Trevor McAleer, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 9/29/2025**

Michael Chambers motioned to approve the minutes from the September 29, 2025, meeting; Meredith Turner 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**

#### **BC2025-622**

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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-622 was approved by unanimous vote.

**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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-623 was approved by unanimous vote.

**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 ~~property~~ **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. Item BC2025-624 was approved by unanimous vote as amended.

**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

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked if the 1127 licenses are spread out throughout and are kind of for every County employee to use. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-625 was approved by unanimous vote.

#### **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

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked for clarification of what is meant by external employees. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-626 was approved by unanimous vote.

#### **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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-627 was approved by unanimous vote.

#### **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

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 BC2025-628 was approved by unanimous vote.

#### **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 **with 66% reimbursement from Child Support Enforcement Agency Fund**

Josh Brower, Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. Item BC2025-629 was approved by unanimous vote as amended.

#### **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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-630 was approved by unanimous vote.

#### **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)

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-631 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-632 was approved by unanimous vote.

**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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-633 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. BC2025-634 through BC2025-635; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

**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, <b>for various increases, decreases, and new plan items based on field conditions.</b>	<b>For a decrease of funds in the amount of (\$0.01), effective 9/4/2025</b>	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 <b>for the assignment and</b>	To provide remittance scanners and associated maintenance, support, and licensing services.	<b>\$3,350.00 for a new Remittance Scanner</b>	Fiscal Office	Effective upon signatures of all parties- 09/30/2027	(Original) Special Interest Fund	(Executive) 9/29/2025 (Law) 9/29/2025

		<b>assumption of the contract to Intelligent Payment Solutions dba F&amp;E Payment Pros</b>						
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 Crisis Intervention Team (CIT) Training, and its overall impact on the justice system	\$0.00	Department of Public Safety and Justice Services	10/1/2024-9/30/2025 to <b>extend the time period to 12/31/2025</b>	(Original) FY2022 Byrne Discretionary Funding Grant Program	(Executive) 9/25/2025 (Law) 9/24/2025

#### VI – PUBLIC COMMENT

There was no public comment.

#### VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:19 a.m.



**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-636**

Title	1 <sup>st</sup> Amendment for Moving Services Agreement- for 1801 Superior Project- RFP 15528, \$75,000 additional funds
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5127	Andrews Moving and Storage Company	2/4/2025- 12/31/2026	\$150,903.00	2/3/2025	BC2025-67
A-1	5127	Andrews Moving and Storage Company	same	\$75,000	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works needs moving services related to the Board of Elections/HHS- 1801 Superior project. This will be a multiphase move starting early February 2025. The timeframe may extend due to operational needs. Additional funds are being requested to continue moving services for the 1801 Project.
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): Relocation of the contents of the Halle Building/ Board of Elections and HHS over to 1801 Superior Avenue.

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)
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Vendor Name and address:	Owner, executive director, other (specify):
Andrews Moving and Storage Co. 10235 Philipp Parkway Streetsboro, Ohio 44241	Bob Jacobs Director of Commercial Business Development
Vendor Council District: NA	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15228</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: December 16, 2024	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$250,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 20 / 5	<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 ( 20% ) SBE ( 0% ) MBE ( 0% ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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>PW600120-55200-CFSUP0000103 (capital projects)</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>Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

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

<p>HISTORY (see instructions): see chart above</p>
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**BC2025-637**

Title	Public Works – HPG Charging Stations -Alternalite Electric, Inc. – Amendment		
Department or Agency Name	Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM5487	Alternalite Electric, Inc.	Upon Execution	Not-to-exceed \$12,357.00	06/30/2025	BC2025-415
(A-1)	CM5487	Alternalite Electric, Inc.	Upon Execution	Not-to-exceed \$10,440.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

This amendment adds one additional dual port Flo CoRe+ Charging unit as well as installation materials, signage and labor for the project.

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 Department of Public Works is requesting a contract amendment for the purchase/installation of (1) additional dual port Flo CoRe+ EV Charging Station for the Huntington Park Garage, resulting in the amount of not-to-exceed \$10,440.00. The installation of this equipment will allow electric vehicles parked at HPG to be charged.

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):
Alternalite Electric, Inc. 4171 Linden Circle North Olmsted, Ohio 44070	Marco Aponte, Director of Business Development
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. This is the vendor that was awarded the previous contract for the installation of the charging stations and this is an extension of that same project.

	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)     /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) CM5487/Event 6459 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: See attached email approval 9.18.25
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.     NA	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Grant Funded - Ohio Environmental Protection Agency -Diesel Mitigation Trust 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.  PW295105 55130 PW-21-OEPA-DMTF
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):	8.28.25
Date documents were requested from vendor:	8.28.25
Date of insurance approval from risk manager:	NA
Date Department of Law approved Contract:	9.18.25
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): see chart above
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**BC2025-638**

Title	Public Works - Harvard Yard Detention Basin Dredging-Star Concrete & Construction Company
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)	CM5674	Star Concrete & Construction Company	Upon execution for two (2) years	Not-to-exceed \$98,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). This is a not-to-exceed contract in the amount of \$98,000 for detention basin cleanup and dredging located at the Harvard Yard facility for a two (2) year period effective upon signature.
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): This contract will ensure the County is meeting EPA requirements related to detention basin management and will also provide mosquito mitigation at the facility.	

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):
Star Concrete & Construction Company 13620 Enterprise Ave. Cleveland, Ohio 44135	Zaklina Nikolic, President
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  NA  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 160 /1	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

No additional vendors	<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.  100 % Sanitary Sewer 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.  PW715200 55220
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7.9.25
Date documents were requested from vendor:	7.21.25
Date of insurance approval from risk manager:	7.9.25
Date Department of Law approved Contract:	9.15.25
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):
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**BC2025-639**

Title	PO25003885JCOP – 2025 - Procurement of Cisco Network Equipment
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.
	PO25003885 JCOP	SHI Internati onal Corp	2025	\$ 377,356.60	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp., for procurement of Cisco Network Equipment in the amount of \$377,356.60.</p> <p>This request is for network equipment needed to begin replacing the core infrastructure at the Columbus Datacenter. The current equipment has been in place since the County moved into the datacenter over 10 years ago and has not been refreshed during that time.</p> <p>As part of the County's network refresh initiative, this equipment is now approaching the end of its lifecycle and is due for replacement in accordance with County standards.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Procurement of Cisco Network Equipment</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):
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.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. 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 #121923, which expires February 27, 2028.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Capital Improvement 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.  IT600100 COTEC0001101
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):
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**BC2025-640**

Title	CCJC Transcription Services Amendment with Mizanin Reporting Service, Inc
Department or Agency Name	Cuyahoga County Juvenile Court
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	1993	Mizanin Reporting Service, Inc	1/1/22-12/31/23	\$102,000.00	12/6/2021	BC2021-706
A1	1993	Mizanin Reporting Service, Inc	1/1/22-12/31/23	\$10,000.00	12/18/2023	BC2023-838
A2	1993	Mizanin Reporting Service, Inc	1/1/24-12/31/25	\$130,000.00	04/09/2024	BC2024-268
A3	5667 FKA 1993	Mizanin Reporting Service, Inc	1/1/24-12/31/25	\$30,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

The Court desires to engage the vendor's professional and technical services to provide Court Transcription Services.

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

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

Project Goals, Outcomes or Purpose (list 3):

To provide Transcription services

To provide certified copies of record

To provide services in accordance with the contract

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: Mizanin Reporting Service, Inc	Owner, executive director, other (specify): James Mizanin
5755 Granger Road, Ste 610 Independence, Ohio 44131	
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	Provide a short summary for not using competitive bid process. Amendment

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  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.  JC100105-55080
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The Court had an increase in transcription services for this year and needed to increase the funds.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	08/01/2025
Date documents were requested from vendor:	08/12/2025
Date of insurance approval from risk manager:	09/17/2025
Date Department of Law approved Contract:	08/12/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Continuing from Amendment A2	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Still funds from Amendment A2	

HISTORY (see instructions): see chart above
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**BC2025-641**

Title	Request for PO #25003748 EXMT with Nextpoint for eDiscovery software 3-year subscription in the amount of \$70,875.00
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	25003748 EXMT	Nextpoint, Inc.	09/01/25 – 08/31/28	\$70,875.00	pending	Pending

Service/Item Description (include quantity if applicable). eDiscovery software helps compile, store, organize and prepare documents for discovery, depositions and trial.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of? N/A
Project Goals, Outcomes or Purpose (list 3): The purpose of this software is for more organized case management.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Nextpoint, Inc. 4545 N. Ravenswood Ave., Suite 301 Chicago, IL 60640-5201	Elyse Ellman, Senior Account Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>5749</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  Request for EXMT process because it's a renewal *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  366 sent / 2 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  2 bids received, one was only partially bid	<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: August 29, 2024

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% Prosecutor's General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PS100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Service is continuing as the procurement process continues. No renewal payment has been made at all.	
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: received renewal quote late	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9-09-2025
Date documents were requested from vendor:	9-12-2025
Date of insurance approval from risk manager:	N/A
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 checked="" type="checkbox"/> Yes (if yes, please explain) this is for a continuation of current services	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): N/A New purchase						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	24003394 IBID	Nextpoint, Inc.	9/01/2024 – 8/30/2025	\$13,500.00 for 12 months	10-21-2024	BC2024-762



**BC2025-642**

Title	25003906 SOLC, Rampart USA Corporation, Personal Protective Equipment
Department or Agency Name	Sheriff
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	25003906 SOLC	Rampart USA Corporation		\$138,786.00	Pending	Pending

Service/Item Description (include quantity if applicable).
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 Personal Protective Equipment (PPE) that is sized correctly for each individual deputy in the Sheriff's Department.

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):
Rampart USA Corporation 304 S Jones Blvd Las Vegas, NV 89107	Emma Yeager, Business Development 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)	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input checked="" type="checkbox"/> Sole Source <input checked="" type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( 0 ).  RQ# 16272 Event 6603
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.  Federal Equitable Sharing Account
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.  SH285180
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):
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**BC2025-643**

Title	Peer Navigator Services
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5625	Thrive Behavioral Health Center, Inc.	1 Year	\$193,200.00	Current Item	

Service/Item Description (include quantity if applicable). Mental health and substance abuse peer navigator services to be provided within the County Jail for one year.
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): Implement an onsite peer navigator program through a contracted entity.	

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):
THRIVE PEER SUPPORT 29201 AURORA RD #400 SOLON, OH 44139	ERIC SAUNIER, Comptroller
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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<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% Ohio Attorney General 2025 Opioid Remediation 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.  SH285125 55130 SH-25-OPIOID-RE
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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/22/25
Date documents were requested from vendor:	8/22/25
Date of insurance approval from risk manager:	8/22/25
Date Department of Law approved Contract:	8/22/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input 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):
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**BC2025-644**

Title	1 <sup>st</sup> Amendment CM5313 Contract with Charity Blasdel, to extend thru 12/31/2026 for Pathology Assistant services in the amount not-to-exceed \$53,040.00.
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 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	CM5313	Charity Blasdel	4/15/2025 12/31/2025	\$42,000.00	4/14/2025	BC2025-257
A-1	CM5313	Charity Blasdel	1/1/2026 - 12/31/2026	\$53,040.00	Pending	Pending

Service/Item Description (include quantity if applicable). Services, per the contract and Cuyahoga County Medical Examiner's Office Pathology Assistants Standard Operating Procedures Manual. Pathology Assistants will provide the highest quality, professional autopsy assistance possible. The P.A.'s will provide professional, ethical, and timely services to the decedents, their families, survivors, and law enforcement.

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):

Insure accurate and reliable assistance to the Cuyahoga County Medical Examiner, Chief Deputy Medical Examiner, Deputy Medical Examiners and Fellows in all phases of the autopsy.

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):
Charity Blasdel 1470 Cloverfield Dr. Copley, OH 44321	Contractor
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 <sup>st</sup> Amendment *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP 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 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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Coroner Lab
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.

ME100100 / 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
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#### BC2025-645

Title	Cuyahoga County Office of Reentry; 2025- Oriana House, Inc. – Contract Effective upon signature – 8/31/2026; Rapid Rehousing Pilot Program
Department or Agency Name	Cuyahoga County Office of Reentry
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5539	Oriana House, Inc.	Effective upon signature- 8/31/2026	\$200,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
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Cuyahoga County Office of Reentry is requesting approval of a contract with Oriana House, Inc. for Rapid Rehousing Pilot, in the amount of \$200,000.00, for the time period effective upon signature – 8/31/2026.		
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement		
Age of items being replaced:	How will replaced items be disposed of?	N/A
Project Goals, Outcomes or Purpose (list 3):		
To identify and contract with a qualified provider to administer and manage a rental assistance program that supports justice-impacted individuals in Cuyahoga County.		
Reduce housing barriers, increasing housing stability, and promoting successful reentry through equitable, trauma informed, and client-centered services delivery.		
Collect and report data on program outcomes.		

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):
Oriana House, Inc. 885 E Buchtel Ave. Akron, OH 44305	Michael Randle, Executive Vice President of Operations
Vendor Council District:	Project Council District:
N/A	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

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

<input type="checkbox"/> No, please explain.  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% Health and Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS260355; Account Number: 55130; Activity Code: UCH00000.
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. New Service/Purchase	
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):
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### C. - Consent Agenda

#### BC2025-646

Title	Forbes Road Rehabilitate Existing Roadway from Fairoaks Road to Richmond Road
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	4125	CATTS Construction, Inc.	n/a	\$1,998,321.23	March 12 <sup>th</sup> , 2024	R2024-0082
A-1	4125	CATTS Construction, Inc.	n/a	(\$300,406.94)	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The project includes the reconstruction of approximately 0.13 miles and resurfacing of approximately 1.16 miles of Forbes Road from Fairoaks Road to Richmond Road in the Cities of Bedford, Bedford Heights, and the Village of Oakwood. Complete removal and replacement of the concrete pavement from Fairoaks Road to First Place and the installation of new asphalt intermediate and surface courses. ADA and new pavement markings.</p> <p>This is the first and final amendment for the project. It is decreasing the project by a total of \$300,406.94. This amendment contains numerous increases and decreases of bid items that were required to meet the scope of the project. There were 3 new items added and one price adjustment:</p> <p>REF#111 – Type 3 Catch Basins: County representatives and the contractor identified six (6) existing Type 3 catch basins in a state of significant disrepair. These basins posed immediate safety hazards to the motoring public due to deteriorated grates, compromised structural integrity, and potential for debris accumulation.</p> <p>REF#112 – WZ Traffic Arrows: During construction activities, the contractor identified the need to remove existing arrows and replace with work zone arrows on the Forbes Rd bridge to Fairoaks intersection due to traffic control requirements stemming from concrete road work in the intersection.</p> <p>REF#113 – Epoxy Arrows: During construction activities, the contractor removed existing arrows on the Forbes Road bridge to accommodate temporary traffic control measures. Following completion of the concrete work, the permanent arrows were replaced to meet pre-construction conditions.</p>
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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):  See Above Service Description

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):
CATTS Construction, Inc. 21223 Aurora Road Warrensville Heights, Ohio 44146	Mike Dempsey - President
Vendor Council District:	Project Council District:
District 9	District 9 and 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	Bedford, Bedford Heights and the Village of Oakwood

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __13736__ (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$1,998,321.23	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 7	<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 ( 8% ) SBE ( 19% ) MBE ( 5% ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" 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 ( ).  N/A
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input checked="" 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)
Mathematically Balanced	<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 funded - 55% Federal, 19% Ohio Public Works Commission Grant, 13% County, and 13% Municipalities.
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.  PW605105
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. Around 80% complete. This amendment will balance out quantities to finish 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):	9/10/2025
Date documents were requested from vendor:	9/11/2025
Date of insurance approval from risk manager:	9/29/2025
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): See Chart Above

**BC2025-647**

TITLE	Cuyahoga County Domestic Relations Court - Domestic Violence Docket
DEPARTMENT OR AGENCY NAME	Domestic Relations Court

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).            ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	OVW Fiscal Year 2025 Justice for Families Program	10/01/2025- 09/30/2028	\$600,000 Award  No Match	N/A	TBD
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The Grants to Support Families in the Justice System program (referred to as the Justice for Families Program) was authorized in the Violence Against Women Reauthorization Act of 2013 to improve the response of the civil and criminal justice system to families with a history of domestic violence, dating violence, sexual assault, and stalking, or in cases involving allegations of child sexual abuse. Projects supported by the Justice for Families Program are those that focus on keeping victims and their children safe from further abuse and holding offenders accountable.</p>				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Through this new Justice for Families project, County of Cuyahoga, in partnership with Journey Center for Safety and Healing and Legal Aid Society of Cleveland, will provide training to court staff, judges, magistrates, other court-related staff, and civil justice system personnel on matters related to domestic violence, dating violence, sexual assault, and stalking; hire a court-based Domestic Violence Case Manager to improve coordination of the dedicated domestic violence docket; and fund an advocate to provide court-based advocacy for survivors of domestic violence in Cuyahoga County. The project will address the following special statutory considerations: Coordinated systems and community approach to domestic violence court cases.
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GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Journey Center for Safety and Healing PO Box 5466 Cleveland, Ohio 44101
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Ann Face, Chief Executive Officer
SUBRECIPIENT'S COUNCIL DISTRICT:	All
DOLLAR AMOUNT ALLOCATED:	\$202,780.89
SUBRECIPIENT'S NAME AND ADDRESS:	The Legal Aid Society of Cleveland 1223 West 6 <sup>th</sup> Street Cleveland, Ohio 44113
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Colleen Cotter, Esq., Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	All
DOLLAR AMOUNT ALLOCATED:	\$65,241.36

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Department of Justice Office on Violence Against Women
	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.

**BC2025-648**

(See related items for proposed travel/memberships for the week of 10/14/2025 in Section C above).

**BC2025-649**

(See related items for proposed purchases for the week of 10/14/2025 in Section C above).

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

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 10/14/2025 in Section V. above).

**VI – PUBLIC COMMENT****VII – ADJOURNMENT**