



**Cuyahoga County Board of Control Agenda  
Monday, October 20, 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 – 10/14/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-650**

Department of Public Works, submitting an amendment to Contract No. 5131 (fka Contract No. 4783) with Zscape LLC for landscaping, snow removal and salting services at the Cuyahoga County Animal Shelter for the period 11/11/2024 – 11/10/2025 to extend the time period to 11/10/2026, to modify the scope of services and pricing as described in Exhibit I-A and for additional funds in the amount not-to-exceed \$14,000.00, effective upon signatures of all parties.

Funding Source: Animal Shelter Operations Fund

**BC2025-651**

Department of Public Works, recommending an award on RQ15829 and enter into Contract No. 5507 with Heapy Engineering, Inc. (58-6) in the amount not-to-exceed \$450,000.00 for general mechanical – electrical – plumbing architectural and engineering services, effective upon signatures of all parties for a period of 3 years.

Funding Source: Capital Projects Fund

**BC2025-652**

Department of Public Works, recommending an award and enter into Contract No. 5682 with Dugger Acquisitions, LLC (203-3) in the amount not-to-exceed \$67,896.41 for permeable paver maintenance and repair services and concrete work at McDonnell Community Based Correctional Facility located at 3540 Croton Avenue, Cleveland, effective upon signatures of all parties for a period of 3 months.

Funding Source: Capital Project – General Fund subject to 100% reimbursement by State of Ohio Capital Funds

**BC2025-653**

Department of Public Works, recommending an award on RQ16066 and enter into Contract No. 5684 with Wade Trim, Inc. (59-8) in the amount not-to-exceed \$400,000.00 for general sanitary engineering services, effective upon signatures of all parties for a period of 3 years.

Funding Source: Sanitary Operating Funds

**BC2025-654**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to TEC Communications, Inc. in the amount not-to-exceed \$617,868.64 for the purchase of various Cisco licenses for a period of 1 year with various effective dates between 10/31/2025 and 2/28/2026 for various departments.
- b) Recommending an award on Purchase Order No. 25003883 to TEC Communications, Inc. in the amount not-to-exceed \$617,868.64 for a state contract purchase of various Cisco licenses for a period of 1 year with various effective dates between 10/31/2025 and 2/28/2026 for various departments.

Funding Source: General Fund

**BC2025-655**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Sectigo Limited in the amount not-to-exceed \$57,751.22 for the renewal of various SSL and Private Key Certificates to provide secure transmission of data on Cuyahoga County Web Servers for a 1 year period with various effective dates between 10/1/2025 and 10/27/2025.
- b) Recommending an award on Purchase Order No. 25004033 to Sectigo Limited in the amount not-to-exceed \$57,751.22 for the renewal of various SSL and Private Key Certificates to provide secure transmission of data on Cuyahoga County Web Servers for a 1 year period with various effective dates between 10/1/2025 and 10/27/2025.

Funding Source: General Fund

**BC2025-656**

Department of Human Resources, recommending an award and enter into Agreement No. 5700 with The MetroHealth System in the amount not-to-exceed \$65,000.00 for on-site biometric screening services for County employees participating in the Wellness Program, effective upon signatures of all parties through 12/31/2025.

Funding Source: Self-Insurance Fund

**BC2025-657**

Department of Human Resources, recommending an award and enter into Agreement No. 5701 with The MetroHealth System in the amount not-to-exceed \$40,000.00 for flu shot clinic services for County employees, effective upon contract signatures of all parties through 12/31/2025.

Funding Source: Self-Insurance Fund

**BC2025-658**

Court of Common Pleas/Corrections Planning Board,

- a) Submitting an RFP exemption, which will result in an award recommendation to Project LIFT Services in the amount not-to-exceed \$415,500.00 for case management and trauma recovery counseling services in connection with the Cuyahoga County Violence Intervention Project Alliance for the period 10/1/2024 - 9/29/2027.
- b) Recommending an award and enter into Contract No. 5692 with Project LIFT Services in the amount not-to-exceed \$415,500.00 for case management and trauma recovery counseling services in connection with the Cuyahoga County Violence Intervention Project Alliance for the period 10/1/2024 - 9/29/2027.

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

**BC2025-659**

County Prosecutor, recommending an award on Purchase Order No. 25003747 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$70,423.00 for a state contract purchase for replacement of various office equipment in various quantities (mobile workstations, mini desktop computers and accessories and large format sheetfed scanners) for the Children & Family Services unit.

Funding Source: General Fund with 65% reimbursement from Health and Human Services Levy Fund and 35% from Title IV-E Funds

**BC2025-660**

Department of Public Safety and Justice Services, recommending an award on RQ16275 and enter into Purchase Order No. 25004041 with Chi Corporation (22-2) in the amount not-to-exceed \$237,662.00 for Board of Elections Security IT Upgrades.

Funding Source: FY2023 Urban Area Security Initiative (UASI) Grant

**BC2025-661**

Cuyahoga County Department of Health and Human Services, recommending an award and enter into a Master Third-Party Services, Products and License Agreement (via Contract No. 5658) with CBTS Technology Solutions LLC in the amount not-to-exceed \$312,300.00 for a state contract purchase of configuration and implementation of a Microsoft Teams Voice Calling Environment with 900 profiles and associated support following deployment effective upon signatures of all parties for a period of 3 years.

Funding Source: Health and Human Services Levy Fund

**BC2025-662**

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to Contract No. 3910 with The Begun Center for Violence Prevention Research and Education and the Center for Innovative Practices, in the Mandel School of Applied Social Sciences, Case Western Reserve University for evaluation services, implementation, training and technical assistance for various programs for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2027, to add Exhibit II-B which represents the budget for the current amendment; and for additional funds in the amount not-to-exceed \$313,237.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda****BC2025-663**

Department of Public Works, submitting an amendment to Contract No. 4819 with Cook Paving & Construction Co. Inc. to construct micromobility parking stations at various locations in the Cities of Cleveland, Cleveland Heights, East Cleveland, South Euclid, and University Heights, Ohio to change the scope of services by adding an additional location and increase quantities on (4) original line items; and for additional funds in the amount of \$7,135.03; 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, effective upon signatures of all parties.

Funding Source: Federal – Federal Northeast Ohio Areawide Coordinating Agency NOACA (4TA7)

**BC2025-664**

Fiscal Department, presenting proposed travel/membership requests for the week of 10/20/2025:

Dept:	Department of Information Technology							
Event:	SecureWV 16							
Source:	SecureWV							
Location:	Charleston, WVA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Lauer	10/23/2025-10/25/2025	\$75.00	\$172.00	\$345.00	\$350.00	\$0.00	\$942.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

SecureWV is a 2-day conference in Charleston West Virginia run by a 501c3 non-profit that conducts an annual cyber security conference to fulfill the primary objectives of awareness and education. This conference is one of the larger regional conferences that attracts nationally known cybersecurity leaders to teach and speak about advanced cybersecurity topics. Attendance to this conference will also give me CUEs towards the maintenance of my SANS certification.

**BC2025-665**

Department of Purchasing, presenting proposed purchases for the week of 10/20/2025:

**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
25003933	(3) Microscope cameras and (2) mount adaptors	Medical Examiner's Office for Firearms & Toolmarks Lab	Thomas Scientific Holdings LLC	\$13,070.30	97% FY2024 Paul Coverdell Forensic Science Improvement (Formula) Grant and 3% General Fund

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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25004004	Out-of-home care placement services for the period 8/1/2025-8/31/2025 & 9/1/2025-9/30/2025*	Division of Children and Family Services	Compassion Care Group	\$155,550.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25003978	MSY placement services for the period 9/1/2025-9/29/2025**	Department of Health and Human Services/Community Initiatives Division/Family and Children First Council	The Marsh Foundation	\$10,150.00	State MSY Fund

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

\*\*Approval No. BC2025-473 dated 7/21/2025, which approved an alternative procurement process which will result in award recommendations to various County agencies and various providers referred by County agencies in the total amount not-to-exceed \$375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi-system needs in connection with Multi-System State Youth Program for the period 7/1/2025 – 6/30/2027.

## **V- OTHER BUSINESS**

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

#### **Item No. 1**

Court of Common Pleas/Juvenile Court Division, submitting a Grant Agreement with Ohio Department of Children and Youth in the amount of \$3,000,000.00 for reimbursement of Title IV-E eligible expenses for foster care placement and maintenance for the period 7/1/2025 – 6/30/2027.

Funding Source: Ohio Department of Children and Youth Title IV-E Grant

#### **Item No. 2**

Sheriff's Department, submitting an Addendum to a Community-Based Corrections Subsidy Grant Agreement with Ohio Department of Rehabilitation and Correction, Division of Parole and Community Services, Bureau of Community Sanctions for the Local Incarceration Program in connection with FY2026 – 2027 Community Correction Act Grant Program for the period 7/1/2025-6/30/2027, to add paragraphs 27. Liability and 28. Civil Rights Assurance and for additional funds in the amount of \$30,925.00, effective upon signatures of all parties.

Funding Source: Ohio Department of Rehabilitation and Corrections (ODRC)

**Item No. 3**

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 9/1/2025 – 9/30/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “10/20/2025– Board of Control Meeting”.

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

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

## Minutes

Cuyahoga County Board of Control

Tuesday, October 14, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

### **I – CALL TO ORDER**

The meeting was called to order at 11:00 a.m.

Attending:

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

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)

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

Paul Porter, Director, Department of Purchasing

Joseph Nanni, County Council (Alternate for Councilmember Meredith Turner)

Laura Black, County Council (Alternate for Councilmember Michael Houser)

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 10/6/2025**

Leigh Tucker motioned to approve the minutes from the October 6, 2025, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

### **III. – PUBLIC COMMENT**

There was no public comment.

### **IV. – CONTRACTS AND AWARDS**

#### **A. – Tabled Items**

#### **B. – New Items for Review**

##### **BC2025-636**

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

Matthew Rymer, Department of Public Works, presented. Joseph Nanni asked, is there anybody in the Hughes building at this time? Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-636 was approved by unanimous vote.



**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

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-637 was approved by unanimous vote.

**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

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2025-638 was approved by unanimous vote.

**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

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-639 was approved by unanimous vote.

**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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-640 was approved by unanimous vote.

**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

Josh Brower, Prosecutor's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-641 was approved by unanimous vote.

**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

Chris Costin, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-642 was approved by unanimous vote.

**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

Chris Costin, Sheriff's Department, and Sarah Howard from Thrive Behavioral Health Center, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2025-643 was approved by unanimous vote.

**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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2025-644 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2025-645 was approved by unanimous vote.

#### **C. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2025-646 through BC2025-649; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

#### **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
2500391	(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
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\*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

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

## 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 program known as the Cognitive Behavioral Treatment Center (CBTC) <b>to reduce the bed hold from 6 beds to 5 and to modify the</b>	<b>For a decrease of funds in the amount of (\$499,867.50), effective 7/1/2025</b>	Court of Common Pleas/ Juvenile Court Division	7/1/2024-6/30/2026	(Original) RECLAIM grant	(Executive) 10/8/2025

			<b>language in section VII A. Unit Rate.</b>					
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**

There was no public comment.

#### **VII – ADJOURNMENT**

Leigh Tucker motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:12 am.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-650**

Title	Public Works – Animal Shelter Landscaping and Snow Removal - Zscape LLC - 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 Approved/ Council's Journal Date	Approval No.
0	CM5131 (fna CM4783)	Zscape LLC	11.11.2024 – 11.10.2025	\$20,000.00	9.9.2024	BC2024-640
A-1	CM5131 (fna CM4783)	Zscape LLC	11.11.2025 – 11.10.2026	\$14,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). One year extension with Zscape LLC for landscaping and snow removal services in the amount of not-to-exceed \$14,000 for the Animal Shelter.
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): To extend the existing contract term one (1) year and add funds in the amount of \$14,000.00 to the contract with Zscape LLC, for the continuation of landscaping and snow removal at the Animal Shelter.

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: Zscape LLC 14900 York Road, Suite C North Royalton, Ohio 44133	Owner, executive director, other (specify):  Julie Zaremba, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___5667_____ (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: This contract was generated from a quote.	Provide a short summary for not using competitive bid process. Zscape is the current vendor providing this service and Public Works intends on continuing using their services for landscaping and snow removal.  *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) Was originally procured as an informal bid. <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:
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<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
Is the item ERP related? <input 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.  Animal Shelter Operations Fund – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PW280100 / 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. This is a current contract for landscaping and snow removal services.	
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) N/A - The original contract is in place.	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
This has been an ongoing project and the vendor has been paid up to date for services already completed, within the contract time period.	

HISTORY (see instructions):
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**BC2025-651**

Title	DPW requesting approval of Agreement; Heapy Engineering, Inc.; RFQ# 15829; Contract amount at \$450,000	
Department or Agency Name	Department of Public Works	
Requested Action	<input checked="" 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	5507	Heapy Engineering, Inc.	Effective Date – 3-years from Effective Date	\$450,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). Public Works is requesting approval of the contract agreement resulting from RFQ 15829 – 2025 General Mechanical-Electrical-Plumbing, Architectural-Engineering Services.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The purpose of this professional services contract is to provide MEP Architectural-Engineering (A-E) Services to the Cuyahoga County Department of Public Works on an as needed basis. The General MEP A-E Services contract will allow this office to continue to maximize our resources (staff and financials) to address our facilities needs for maintenance, improvements and capital projects. The selected Consultant Firm must be able to address, in a timely manner, our ever-increasing maintenance and facility staff's needs by responding promptly to requests for mechanical-electrical-plumbing architectural engineering services and upon authorization, promptly initiating work on the requested tasks. Moreover, our office must feel confident that the quality of work will meet acceptable standards and codes (with minimal oversight).

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):
Heapy Engineering, Inc. 1422 Euclid Avenue, Suite 1162 Cleveland, OH 44115	Tim Krzywicki, PE Principal
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15829</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 4/7/2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$450,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 100 / 6	<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 (%): (30) DBE (19) SBE (9) MBE (2) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Vendors were scored based on qualifications	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<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.	

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Capital Projects Fund (PW600100 55200^0 CFCWP00000101)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

PW600100, 55200^0, CFCWP00000101	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	
Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
HISTORY (see instructions):	

**BC2025-652**

Title	CM5682 Public Works - McDonnell Community Based Correctional Facility – Parking Lot Repairs - Dugger Acquisitions, LLC.
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)	CM5682	Dugger Acquisitions, LLC	Upon execution for a period of 3 months	\$67,896.41	PENDING	PENDING

Service/Item Description (include quantity if applicable). This is a not-to-exceed contract in the amount of \$67,896.41 for parking lot repairs related to paver stone work along with concrete repairs at the McDonnell Center.
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Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The Department of Public Works is requesting a contract for parking lot repairs and maintenance for the McDonnell Center facility. This will include the removal, repair and replacement of paver stones for twenty-two (22) parking spaces as well as the repair of damaged curbs and concrete structure cracks in the parking lot at the McDonnell Center.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Dugger Acquisitions, LLC 2750 Chesterton Rd. Shaker Heights, Ohio 441122	Brandon Dugger, CEO
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 203/3	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input 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)
Vendor was lowest and best bidder that bid on all parts of the project	<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% Capital Project – General Fund subject to 100% reimbursement by State of Ohio Capital 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.  PW600115 72100 CFMCD0000101
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):	6.10.25
Date documents were requested from vendor:	9.12.25
Date of insurance approval from risk manager:	9.22.25
Date Department of Law approved Contract:	9.23.25

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

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

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

HISTORY (see instructions):

**BC2025-653**

Title	2025 Sanitary General Engineering Services Agreement, RFQ 16066, \$400,000 (1 of 1 contracts)	
Department or Agency Name	Public Works	
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	5684	Wade Trim, Inc.	Effective Date- 3-year term	\$400,000	TBD	TBD

Service/Item Description (include quantity if applicable).

This is a Sanitary General Engineering Services task order-based contract for various sanitary engineering-based tasks for a three-year term with one vendor, Wade Trim, Inc for a total of \$400,000.

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 primary goal of this contract is to allow the Department of Public Works to maximize our resources (staff & financials) to address emergency infrastructure needs, changes in project schedules, and/or ancillary project design/implementation needs. Basic services may include, but are not limited to, tasks concerning pump stations, sewage force main and general hydraulic design, sanitary/storm sewer and water main design, sanitary/storm rate model studies and development, sewer master plan development and MS4 permitting capabilities

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

Vendor Name and address:	Owner, executive director, other (specify):
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Wade Trim, Inc. 1621 Euclid Avenue, Suite 900 Cleveland, Ohio 44115	AJ Gutz Vice President- Area Lead
Vendor Council District: 7	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>16066</u> (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: May 19, 2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$400,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 59 / 8	<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 (%): ( 30% ) DBE ( 21% ) SBE ( 6% ) MBE ( 3% ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  PW715200- 55130- Sanitary Operating Funds (100%)
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
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): New vendor- no history
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#### BC2025-654

Title	Cisco Telephone, Cisco Call Center, Cisco Server Management, Cisco VPN and Cisco Voice SIP Licenses
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003883 EXMT	TEC Communications, Inc.	Various start dates for one year	\$617,868.64	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with TEC Communications, Inc., for Cisco Telephone, Cisco Call Center, Cisco Server Management, Cisco VPN and Cisco Voice SIP Licenses in the amount of \$617,868.64.</p> <p>This request is for licensure for various Cisco related services provided by the Department of Information Technology.</p> <p>The technology services as part of this renewal are the Voice licensure that allows for the thousands of County owned Cisco Telephones to operate and multiple Voice Call Centers (Board of Revision, Juvenile Court, and the IT Department's) to function.</p> <p>This is a renewal of existing service licensure that the County has in-place today and does not contain any new services or expansion of existing services.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The licensure being request is a renewal of existing services to allow for existing equipment to continue to function.</p> <p>There are some services (Firewalls) that were evaluated this year and are not being renewed. A more cost-effective option was selected and a project established to replace the firewalls, thus reducing overall operational costs.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
TEC Communications, Inc. 20234 Detroit Road Rocky River, Ohio 44116	Michael Schilling Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable)	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:	TEC Communications currently holds this Cisco business with Cuyahoga County and obtains preferential pricing by Cisco over other companies. The business model of the reseller market is not positioned in favor of competition with this renewal. Additionally, TEC Communications is providing Cuyahoga County both joint cooperative contract and state term schedule prices.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input 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. IT100180 \$430,130.64, IT100165 \$139,338.00, BE100125 \$48,400.00

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

**BC2025-655**

Title	PO25004033EXMT- 2025- Procurement of SSL and Private Key Certificates from Sectigo Limited Corporation
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.
	PO25004033 EXMT	Sectigo Limited	SSL 10/17/2025- 10/16/2026 SSL 10/27/2025 – 10/26/2026 PKI 10/01/2025- 9/30/2026	\$57,751.22	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Sectigo Limited Corporation for procurement of SSL and Private Key Certificates in the amount of \$57,751.22.</p> <p>An SSL certificate is a digital certificate used to secure the connection between a website and its users by encrypting data during transmission. It helps protect sensitive information like login details and payment data and shows that the site is secure.</p> <p>A private key certificate is a file that contains the private key used by a server to decrypt data encrypted with its matching public key. It is a critical part of SSL/TLS security and must be kept secure, as it allows the server to establish trusted, encrypted communications with users.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>1. Procurement of SSL and Private Key Certificates</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Sectigo Limited Unit 7, Campus Road, Listerhills Science ParkBradford, BD7 1HR, United Kingdom	Kevin McColl Enterprise Renewals 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
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>This purchase qualifies as an exemption, as the certificates are part of the County's established IT standards and this procurement represents an annual renewal. All of the County's certificates are currently issued through Sectigo (fka EnTrust). Renewing them ensures continuity of service, avoids compatibility issues, and maintains compliance with the County's cybersecurity policies. As a continuation of an existing,</p>

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. IT100140- 81% IT100135- 19%
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 vendor underwent a name change and was required to register under the Agency of Inspector General's contractor registration system. The registration process took over 45 days to complete.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8.15.2025
Date documents were requested from vendor:	8.15.2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24003789 EXMT	Entrust Corporation	10/28/2024-10/27/2025	41,480.10	9/30/2024	BC2024-701

#### BC2025-656

Title	Human Resources; 2025 Agreement with The MetroHealth System for biometric screenings for the County Wellness program for the period effective upon last signature through 12/31/2025 in the amount not-to-exceed \$65,000.00.
Department or Agency Name	Human Resources
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	5700	The MetroHealth System	Execution - 12/31/2025	\$65,000.00		PENDING



<p>Service/Item Description (include quantity if applicable).</p> <p>Human Resources requesting approval of an agreement with The MetroHealth Systems for biometric screenings for the County Wellness program for the anticipated cost not-to-exceed \$65,000.00.</p> <p>This has been an annual contract as part of the County's Wellness incentive program. The previous contract for 2024 biometric screening was approved under BC2024-571 on 8/5/2024 and ran through 12/31/2024.</p> <p>MetroHealth will provide on-site biometric screenings for County employees participating in the Wellness Incentive Program to be conducted at County buildings through the end of 2025.</p>
<p>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)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The primary goal of the project is to enable employees easier access to obtain their biometrics for the purpose of the Wellness Incentive Program. This furthers the overall mission of the Wellness Incentive Program by informing employees of their current health details in hopes of catching concerns before they become health issues.</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
The MetroHealth System 2500 Metrohealth Dr Cleveland, OH 44109	DR. Alexander-Rager, CEO
Vendor Council District:	Project Council District:
07	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p><b>COMPETITIVE PROCUREMENT</b></p> <p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p><b>NON-COMPETITIVE PROCUREMENT</b></p> <p>Provide a short summary for not using competitive bid process.</p> <p>MetroHealth is the County's hospital system and the current Wellness Program provider.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

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

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% Self-Insurance 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.  HR765100
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):	6/26/2025
Date documents were requested from vendor:	7/23/2025
Date of insurance approval from risk manager:	10/6/2025
Date Department of Law approved Contract:	8/14/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Previous Agreement						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4665	The MetroHealth System	8/5/2024-12/31/2024	\$87,500.00	8/5/2024	BC2024-571

#### BC2025-657

Title	Human Resources; 2025 Agreement with The MetroHealth System for on-site flu shot clinics for County employees for the period effective upon last signature through 12/31/2025 in the amount not-to-exceed \$40,000.00.
Department or Agency Name	Human Resources
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	5701	The MetroHealth System	Effective - 12/31/2025	\$40,000.00		PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>Human Resources requesting approval of an agreement with The MetroHealth Systems for on-site flu shot clinics as part of the employee wellness program for the anticipated cost not-to-exceed \$40,000.00.</p> <p>This has been an annual contract as part of the County's Wellness incentive program. The previous contract for 2024 flu shot clinics was approved under BC2024-738 on 10/15/2024 and ran through 12/31/2024.</p>
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MetroHealth will provide on-site flu shot clinics for County employees to be conducted at County buildings through the end of 2025.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to enable employees convenient access to obtain flu shots to promote a healthy workforce during the flu season. This furthers the overall mission of the Wellness Incentive Program by protecting employees and the public during the flu season.

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):
The MetroHealth System 2500 Metrohealth Dr Cleveland, OH 44109	DR. Alexander-Rager, CEO
Vendor Council District:	Project Council District:
07	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MetroHealth is the County's hospital system and the current Wellness Program provider.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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% Self-Insurance 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.  HR765100
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):	7/23/2025
Date documents were requested from vendor:	7/23/2025
Date of insurance approval from risk manager:	10/6/2025
Date Department of Law approved Contract:	10/2/2025

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

HISTORY (see instructions):						
Previous Agreement						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4799	The MetroHealth System	10/15/2024-12/31/2024	\$38,725.00	10/15/2024	BC2024-738

#### BC2025-658

Title	Project LIFT Services – VIP Alliance
Department or Agency Name	Corrections Planning Board
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM# 5692	Project LIFT Services	October 1, 2024 to September 29, 2027	\$415,500.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>Background: The Cuyahoga County Violence Intervention Program (VIP) Alliance is a partnership between the Cuyahoga County Common Pleas Court, General Division, and Cuyahoga County Common Pleas Court, Juvenile Division (CCJC). It is aimed at preventing gun-related crimes among juveniles and young adult from escalating into more serious offenses. Using a pro-social, therapeutic approach to reduce recidivism, the alliance expands the General Division's VIP Pilot Program into a specialty docket serving 17-year-old bindovers and felony offenders aged 18 to 26. It also supports the CCJC piloting a Juvenile VIP Initiative for youth aged 15 to 18 using a specialized, team-based approach (rather than a formal docket).</p>
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Project LIFT Services (Project LIFT) will provide case management and trauma recovery counseling to approximately 105-135 unduplicated Adult VIP Court participants over three years (or approximately 35-45 participants per 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):  The goal of the Project LIFT services is to support the VIP Alliance in addressing and reducing barriers to successful program completion through trauma-informed care, credible advocacy, and community-rooted violence prevention strategies.

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):
Project LIFT Services 4415 Euclid Ave Ste. 315 Cleveland, OH 44103	LaToya Logan MSSA LISW-S ABD Founder/CEO
Vendor Council District: All	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process: grant funded contract – grant proposal identified this vendor as the right fit for the VIP Alliance.  *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  The project is 100% funded by a grant from the U.S. Department of Justice, Bureau of Justice Assistance.
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.  CP285215
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Services for individual participants are ongoing.	
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: An initial meeting with Project LIFT was held in early April 2025. Because this is a new program requiring a custom-designed scope of work and several planning meetings, the contract process has taken several months. Additional delays occurred while awaiting supportive documents (e.g., COI) from Project LIFT.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4.2.2025
Date documents were requested from vendor:	6.20.2025
Date of insurance approval from risk manager:	10.1.25
Date Department of Law approved Contract:	7.24.25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	



If late, have services begun? ☐ No ☒ Yes (if yes, please explain) An initial meeting with Peacemakers was held in early April 2025. Because this is a new program requiring a custom-designed scope of work and several planning meetings, the contract process has taken several months. Additional delays occurred while awaiting supportive documents (e.g., COI) from Peacemakers.

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

HISTORY (see instructions):

## BC2025-659

Title	Request for PO25003747 STAC with MNJ Technologies Direct, Inc. for computers and accessories for Prosecutor's Children & Family Services Unit in the total amount of \$70,423.00
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	25003747 STAC	MNJ Technologies Direct, Inc.	N/A	\$70,423.00	pending	pending

Service/Item Description (include quantity if applicable).

Purchasing (35) HP ZBook Firefly mobile workstations; (15) HP Elite Mini 800 desktop computers; (13) HP Monitors; (5) Epson scanners and (13) Keyboard/Mouse combos for business.

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

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

Project Goals, Outcomes or Purpose (list 3):

Replacing Children and Family Services Unit computers with Windows 11 capable desktop computers and upgrades

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

Vendor Name and address:	Owner, executive director, other (specify):
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MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  Purchased through State Contracts #534486 & #534354 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS-534486 expires on 7/02/2028 STS-534354 expires on 12/19/2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% County Prosecutor's Children & Family Services Unit fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PS100110
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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# BC2025-660

Title	Public Safety & Justice Services, 2025: Purchase Order, Chi Corporation; Board of Elections – Election Security IT Upgrade
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input 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	25004041	Chi Corporation	10/7/2025 – 11/28/2025	\$237,662.00	pending	

Service/Item Description (include quantity if applicable). Procuring replacement IT equipment for Board of Elections (BOE) to increase election security. IT upgrade to include 100 desktop computers/second monitors, workstations, servers, and manageable enterprise switches.
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The primary goals of the project are  Provide equipment for election security. Support identified National Priorities.

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):
Chi Corporation 5265 Naiman Pkwy, Cleveland, OH 44139	Rob Oddo Account Manager
Vendor Council District:	Project Council District:
District 9	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __16275__ (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: 9/29/2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$265,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 497 / 2	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input 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? Compliant bids: \$237,662 – 421,995	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  FY2023 Urban Area Security Initiative (UASI) 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PJ280125 PJ-23-UASI
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):	7/17/2025
Date documents were requested from vendor:	10/7/2025
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	

If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

**BC2025-661**

Title	CBTS State Contract Microsoft Teams Voice Calling
Department or Agency Name	Cuyahoga County Health and Human Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5658	CBTS Technology Solutions LLC	Effective Date for a period of three years	\$312,300.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Health and Human Services is requesting approval of a state contract exemption with CTBS Technology Solutions, LLC for Microsoft Teams Voice Calling services in the amount not to exceed \$312,300.00 from Effective Date for a period of 3 years.</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? N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>• The build and configuration of 900 profiles utilizing the State of Ohio MSTV Calling environment</li> <li>• To develop the high-level call flows required to support the MSTV Calling Solution.</li> <li>• To provide technical assessment workbook (UCD) and cut-over support.</li> </ul>

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

CBTS Technology Solutions LLC. 400 Metro Place N. Dublin, OH 43017	Will Bouharb, Senior Account Manager
Vendor Council District: N/A	Project Council District: Serving 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: N/A	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) / N/A	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date MCSA0003 exp 12/31/2025  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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: date of approval- 7/31/2025; 2025- TAC-089 (pg 10)
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A, this system does not interface with the ERP system.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% Health and Human Services Levy</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>Accounting Unit: HS260100; Account Number: 55130; Activity Code: UCH06100</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>Recurring Service/Purchase</p>	
<p>Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below for timeline of late submission</p>	
<p>Reason:</p>	
<p>Timeline</p>	
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:	
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A</p>	
<p>If late, have services begun? <input type="checkbox"/> No <input 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>	

HISTORY (see instructions):
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**BC2025-662**

Title	Family and Children First Council/ The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University/Contract Amendment for 1/1/2026 to 12/31/27 The purpose of the contract amendment is to provide Evaluation Services for Family and Children First Council for the various program areas.		
Department or Agency Name	Health and Human Services-Family and Children First Council		
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	3910	The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University	1/1/2024 – 12/31/2025	\$313,236.00	03/18/2024	BC2024-224
A	3910	The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University	1/1/2024 – 12/31/2025	\$35,000.00	3/31/2025	BC2025-224
A	3910	The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University	1/1/2026- 12/31/2027	\$313,237.00	Pending	

Service/Item Description (include quantity if applicable).

Requesting approval of a contract amendment as indicated in the chart above or with The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center

<p>of Applied Social Sciences Case Western Reserve University in the amount of or not-to-exceed \$313,237.00 for the period 01/01/2026-12/31/2027.</p> <p>This is a contract amendment to additional funding the amount of \$313,237.00</p> <p>-The not to exceed amount by Six Hundred Sixty-One Thousand Four Hundred Seventy Three Dollars (\$661,473.00) for the term of the contract.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of? _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Serve as the evaluator for various program areas of FCFC Youth Development Programs.</p> <p>a. Develop tools to capture measure outcomes gathered from existing data collected by Out-of-School Time (OST) programs;</p> <p>b. Design and implement protocols for survey administration;</p> <p>c. Develop and implement a tool to measure outcomes of youth participating in the youth employment program;</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
<p>The Begun Center for Violence Prevention Research Prevention and Education and The Center for Innovative Practices Mandel Center of Applied Social Sciences Case Western Reserve University 10900 Euclid Ave Cleveland, OH 44106</p>	<p>Eric William Kaler President</p>
Vendor Council District:	Project Council District:
7	All Cuyahoga County Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>An RFP was issued in 2021 with the Case Western Reserve University being the only responding vendor.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Health and Human Services Levy 100%.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  HS260300/55130/UCH08346
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. PO was already approved in 2024. Fiscal office closed the PO in error closing out the books for the end of the year. The new PO is needed
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:

The vendor submitted the signed documents 45 days after the request date. Some of the forms needed to be updated.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/18/2025
Date documents were requested from vendor:	8/22/2025
Date of insurance approval from risk manager:	8/18/2025
Date Department of Law approved Contract:	9/17/2025
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 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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### C.- Consent Agenda

**BC2025-663**

Title	CUY- BIKESHARE STATIONS CONSTRUCT MICROMOBILITY PARKING STATIONS AT VARIOUS LOCATIONS IN THE CITIES OF CLEVELAND, CLLEVELAND HEIGHTS, EAST CLEVELAND, SOUTH EUCLID AND UNIVERSITY HEIGHTS, OHIO
Department or Agency Name	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	CM 4819	Cook Paving & Construction Co., Inc.	N/A	\$273,386.00	Sept. 16 <sup>th</sup> , 2024	BC2024-658
AMD #1	CM 4819	Cook Paving & Construction Co., Inc.		\$7,135.03	PENDING	

Service/Item Description (include quantity if applicable).
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):  Construction of micromobility parking stations throughout Cleveland, Cleveland Heights, East Cleveland, South Euclid, and University Heights, Ohio in Cuyahoga County to serve bicycles, scooters and other lightweight vehicles. Work to include the installation of bike racks and signage.	

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):
Cook Paving & Construction Co. Inc. 4545 Spring Rd., Brooklyn Hts, Ohio 44131	Linda Fletcher -President
Vendor Council District:	Project Council District:
District 3	Districts 7, 10, 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland, Cleveland Hts, East Cleveland, South Euclid and University Hts.

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ____14749__ (Insert RQ# for formal/informal items, as applicable) <input checked="" 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.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 4 / 2	<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? Competitive	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval:
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.  Federal – NOACA Funds 100 %
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
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):	09/30/2024
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 checked="" type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
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**BC2025-664**

(See related items for proposed travel/memberships for the week of 10/20/2025 in Section C above).

**BC2025-665**

(See related items for proposed purchases for the week of 10/20/2025 in Section C above).

## V – OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

TITLE	SUBGRANT AGREEMENT – SFY 2026 & 2027 – ODJFS – TITLE IV-E
DEPARTMENT OR AGENCY NAME	JUVENILE COURT

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	DCY	7/1/2021 – 6/30/2023	\$3,000,000.00	CON2021-90	8/23/2021
ORIGINAL (O)	DCY	7/1/2023 – 6/30/2025	\$3,000,000.00	CON2023-80	7/24/2023
ORIGINAL (O)	DCY	7/1/2025 – 6/30/2027	\$3,000,000.00	PENDING	PENDING
DESCRIPTION/EXPLANATION OF THE GRANT:	Requesting to accept and enter into a sub-agreement with Ohio Department of Children and Youth for reimbursement of eligible expenses for foster care placement and maintenance.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Ensure infants reach their first birthday by decreasing infant mortality.				
	Ensure children are ready for kindergarten by increasing kindergarten readiness assessment scores.				
	Ensure children remain in environments that are familiar and safe by decreasing the number of children/youth entering the foster care system.				

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

SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Children and Youth Title IV-E Grant Fund
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

## Item No. 2

TITLE	Amendment 2 FY2025-2027 LOCAL INCARCERATION PROGRAM (LIP) GRANT
DEPARTMENT OR	Sheriff's Department

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE  *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections Act Grant	7/1/2025 – 6/30/2027	\$420,008.00	6/17/2025	CON2025-59



				7/26/2012	FY13 (CPB2012-683)
				7/17/2013	FY14 (CPB2013-538)
				7/10/2014	FY15 (DC2014-118)
				6/23/2015	FY16 (BC2015-274)
				7/12/2016	FY17 (BC2016-529)
				2/21/2018	FY18 (CON2017-50)
				Note: grant changed from annual to biennial which is why there is no FY19 grant.	
				7/22/2019	FY20-21 (BC2019-546)
				6/14/2021	FY21-23 (CON2021-64)
				8/1/2023	FY23-24 (CON2023-83)
				10/3/2023	FY23-24 (CON2023-99)
AMENDMENT (A-1)	CCA 2.0 Grant Exhibit A	No change	No change	7/14/2025	CON2025-66
AMENDMENT (A- 2)	CCA 2.0	No change	\$30,925.00		

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Amendment #2: submitting an amendment to accept additional funding from the Ohio Department of Rehabilitation and Correction, Division of Parole and Community Services, Bureau of Community Sanctions (BCS) to the Local Incarceration Program (LIP) grant award. The State is providing a 5% Cost of Living Adjustment for FY26 and a 4.5% increase for FY27.</p> <p>This addendum increases the total amount of the FY2025-2027 LIP award to Four Hundred Fifty Thousand Nine Hundred Thirty-Three Dollars and Zero Cents (\$450,933.00), an increase of Thirty Thousand Nine Hundred Twenty-five Dollars and Zero Cents (\$30,925.00).</p>				
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	<p>The LIP grant in Cuyahoga County has been conducted with the support of the Corrections Planning Board since 2013. This local sentencing option may be ordered at sentencing or probation violation hearings for felony offenders.</p> <p>The LIP grant aims to decrease prison intakes by allowing offenders with short-term sentences to serve their time locally, keeping them closer to home and enabling easier reentry upon release.</p> <p>The grant award provides the County with funds to help cover the costs of holding these offenders. The FY26/27 CCA (LIP) grant period is July 1, 2025 to June 30, 2027. The first amendment changed language to Exhibit A of the previously executed FY25-27 grant award agreement. The changed verbiage is related to the completion of Pre-sentence Investigation Services (PSI) reports. There were no changes to the award's dollar amount or project period.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Divert eligible offenders from entering state prison system
	Keep eligible offenders closer to home & family
	Reimbursement of cost of CCSD Correctional Officers

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

PROJECT COUNCIL DISTRICT:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project.

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

**Item No. 3**

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 9/1/2025 – 9/30/2025 in Section V. above).

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