



**Cuyahoga County Board of Control Agenda
Monday, October 27, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 10/20/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-666

Department of Public Works, submitting an amendment to an agreement via Contract No. 3400 with Nautica Entertainment, LLC for County-owned properties located in the Flats beneath the Main Avenue Bridge, Cleveland, Permanent Parcel Nos. 003-16-030 and 003-17-004 for the period 4/1/2011 – 3/31/2026 to extend the time period to 3/31/2031, to change the terms by increasing the annual base rent and for additional revenue in the total amount of \$13,500.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

BC2025-667

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Amazon Web Services in the amount not-to-exceed \$288,000.00 for Cloud Hosting Services, disaster recovery backup and secure application access for external employees for the Enterprise Resource Planning System for the period 1/1/2026 – 12/31/2026.
- b) Recommending an award on Purchase Order No. 25004088 to Amazon Web Services in the amount not-to-exceed \$288,000.00 for Cloud Hosting Services, disaster recovery backup and secure

application access for external employees for the Enterprise Resource Planning System for the period 1/1/2026 – 12/31/2026.

Funding Source: General Fund

BC2025-668

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Feathery, Inc. in the amount not-to-exceed \$79,860.00 for the purchase of a cloud hosted platform to build smart, customizable forms for collecting and managing data such as applications, and other documents including 500 monthly submissions and Salesforce integration for a period of 3 years, effective upon signatures of all parties.
- b) Recommending an award and enter into Contract No. 5685 with Feathery, Inc. in the amount not-to-exceed \$79,860.00 for the purchase of a cloud hosted platform to build smart, customizable forms for collecting and managing data such as applications, and other documents including 500 monthly submissions and Salesforce integration for a period of 3 years, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-669

Court of Common Pleas/Corrections Planning Board, recommending an award and enter into Agreement No. 5693 with Cuyahoga County Board of Developmental Disabilities in the amount not-to-exceed \$231,252.62 for ADAPT Forensics Liaison services for the Cuyahoga County Offenders with Developmental Disabilities Program for the period 7/1/2025 – 6/30/2027.

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

BC2025-670

Sheriff's Department, recommending an award on Purchase Order No. 25004081 with Vance Outdoors, Inc. dba Vance's Law Enforcement in the amount not-to-exceed \$18,582.90 for a state contract purchase of (12) cases of Critical Duty and (70) cases of training ammunition for Protective Service Officers.

Funding Source: General Fund

BC2025-671

Medical Examiner's Office, recommending to amend Board of Control Approval No. BC2024-364, dated 5/13/2024, which amended various Board Approvals, which approved an award to Qualtrax, Incorporated for a sole source purchase of (105) Qualtrax Compliance Software Licenses and Hosted Platform and related training services:

- a) by changing the not-to-exceed amount from \$65,500.26 to \$80,969.25.
- b) by changing the time period from 5/1/2021 – 4/30/2025 to 5/1/2021 – 4/30/2026.

Funding Source: FY2024 Paul Coverdell Forensic Science Improvement Program Grant

BC2025-672

Department of Public Safety and Justice Services on behalf of the Medical Examiner's Office, recommending an award on RQ16237 and enter into Contract No. 5683 with Knupp & Watson & Wallman, Inc. dba KW2 (59-5) in the amount not-to-exceed \$419,000.00 for public health communication and education campaign to reduce drug overdose fatalities, effective upon signatures of all parties through 8/30/2026.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY23 Comprehensive Opioid, Stimulant, and Substance Use Site-based grant

BC2025-673

Department of Health and Human Services/Division of Children and Family Services, recommending an award and enter into Agreement No. 5686 with Court of Common Pleas/Juvenile Court Division in the amount not-to-exceed \$44,000.00 for psychological evaluation services for the period 1/1/2026 – 12/31/2027.

Funding Source: Health and Human Services Levy Fund

BC2025-674

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3855 with The Center for Community Solutions for fiscal agent and management services for the Council on Older Persons for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$20,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2025-675

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council submitting an amendment to Contract No. 3839 with Educational Service Center of Northeast Ohio for programming and fiscal agent services for the Families and Schools Together (FAST) Program for the period 1/1/2024 – 12/31/2025 to extend time period to 12/31/2027, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$680,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2025-676

Department of Health and Human Services/Division of Children and Family Services, recommending an alternative procurement process to issue a modified formal solicitation for Out-of-home care placement

services in Cuyahoga County which may result in one or more award recommendations for the period 4/1/2026 – 3/31/2029 in the total anticipated amount of \$195,000,000.00.

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

D. – Consent Agenda

BC2025-677

Fiscal Department, presenting proposed travel/membership requests for the week of 10/27/2025:

Dept:	Department of Sustainability							
Event:	2025 National Place Based Education Conference							
Source:	Great Lakes Stewardship Initiative							
Location:	Ypsilanti, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	11/13/2025- 11/14/2025	\$350.00	\$32.00	\$187.59	\$232.40	\$0.00	\$801.99	HUD Fresh Water Institute Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Travel to present at Fresh Water Institute at National Place Based Education Conference in Ypsilanti, MI.

Dept:	County Executive's Office							
Event:	C40 World Mayors Summit/ COP30 Local Leaders Forum							
Source:	Bloomberg Philanthropies							
Location:	Rio de Janeiro, Brazil							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	11/1/2025 - 11/6/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Bloomberg Philanthropies

*Paid to host

**Staff reimbursement

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

***Estimated cost to be paid by Bloomberg \$5,900.00

- Flight \$2,800.00

- Hotel \$2,600.00
- Meals & Transportation \$500.00

Purpose:

Executive Ronayne was invited to attend the C40 World Mayors Summit 2025 by Bloomberg Philanthropies to participate in a convening of global leaders in climate leadership. The purpose of the Convening is to elevate the critical roles of local governments to influence policy and highlight projects in Cuyahoga County. Travel expenses related to this trip will be paid in full by Bloomberg Philanthropies.

Dept:	Department of Law							
Event:	Chief Risk Officer Certificate Program							
Source:	Carnegie Mellon University Heinz College							
Location:	Pittsburgh, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Awatef Assad	11/12/2025 5/5/2026	\$14,280.00	\$0.00	\$900.00	\$383.60	\$0.00	\$15,563.60	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

I have been offered the opportunity to attend the Chief Risk Officer (CRO) certificate program at Heinz College Carnegie Mellon University. This is a six-month program that is offered through a blend of distance and on campus learning. The program is a strategic investment for the county. Through my participation in the CRO program. The county gains a stronger Enterprise Risk Management (ERM) program and resilience strategy. I will be exposed to national networks. And the expertise to elevate risk management as a core pillar of county governance.

BC2025-678

Department of Purchasing, presenting proposed purchases for the week of 10/27/2025:

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
25004126	(1) 2026 New Never Titled Ford Maverick SuperCrew Truck	Department of Public Works	KG Cleveland LLC dba Ken Ganley Ford West	\$33,871.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25003975	Out-of-home care placement services for the period 9/1/2025-9/30/2025 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$89,250.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004078	Out-of-home care placement services for the period 8/14/2025-8/31/2025*	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$15,766.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Health and Human Services/Office of the Director, submitting a grant agreement with Ohio Department of Health in the amount not-to-exceed \$21,652.41 for the reimbursement of public health activities associated with the Tuberculosis Control Program for the period 7/1/2025 – 12/31/2025.

Funding Source: Ohio Department of Health Center for Disease Control and Prevention (CDC) – Tuberculosis Elimination and Laboratory Cooperative Agreement

Item No. 2

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	3878	The Northeast Ohio Regional Sewer District	for disposal of wastewater sewer grit, is amended to increase the disposal rate to an amount not to exceed \$172.78 per	0.00	Department of Public Works	1/1/2024 – 10/31/2025 to extend the time period to 10/31/2026	(Original) Sanitary Sewer Fund	(Executive) 10/14/2025 (Law) 10/14/2025

			ton, effective 11/1/2025, and to an amount not to exceed \$175.00 per ton, effective 1/1/2026					
8219	5381 (fka 2277)	Brown and Caldwell	for general sanitary engineering services	0.00	Department of Public Works	5/10/2022-2/28/2026 to extend the time period to 2/28/2027	(Original) Sanitary Operating Fund	(Executive) 10/17/2025 (Law) 10/22/2025
NA	3428	Tungsten Industrial LLC	to provide a County Match Funding Forgivable loan for certain brownfield remediation and cleanup activities associated with Project Tungsten located at 21800 Tungsten Road, Euclid, Ohio to change the terms of Section 1.10 Loan Forgiveness to add additional loan forgiveness terms, effective upon signatures of all parties.	0.00	Department of Development	5/10/2023-5/10/2026	(Original) General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	(Executive) 10/22/2025 (Law) 10/22/2025
NA	4746	Third Sector Capital Partners, LLC.	for professional and technical services to support the Court and various youth-serving system partners and development of the Care First Cuyahoga ("CFC") Continuum of Care Program for youths, and their families	0.00	Court of Common Pleas/ Juvenile Court Division	8/1/2024 - 10/31/2025 to extend the time period to 2/28/2026	(Original) Office of Juvenile Justice and Delinquency Prevention Grant	(Executive) 10/17/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2025-0222	Rehabilitation of Rockside Road from 700 feet West of Lombardo Center to SR 21 in	\$5,000,000.00		80% Federal Funds (\$4,000,000.00) 10% County Road and Bridge Funds (\$500,000.00) 8% City of	(Executive) 10/17/2025

	the Cities of Independence and Seven Hills- Council District 6			Independence (\$400,000.00) 2% City of Seven Hills (\$100,000.00)	
--	--	--	--	--	--

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, October 20, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

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

Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Joseph Nanni, County Council (Alternate for Meredith Turner at 11:07 a.m.)

Laura Black, County Council (Alternate for Michael Houser through 11:13 a.m.)

Michael Houser, Councilmember at 11:13 a.m.

Joseph Nanni, County Council (Alternate for Robert Schleper through 11:07 a.m.)

Robert Schleper, Councilmember at 11:07 a.m.

II. – REVIEW MINUTES – 10/14/2025

Michael Chambers motioned to approve the minutes from the October 14, 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

BC2025-650

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-650 was approved by unanimous vote.

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

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-651 was approved by unanimous vote.

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-652 was approved by unanimous vote.

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

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-653 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Nichole English seconded. Item BC2025-654 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-655 was approved by unanimous vote.

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

Patrick Smock, Department of Human Resources, presented. Joseph Nanni asked if I'm participating I am eligible for the benefit through the Wellness Program. Robert Schleper asked what the maximum credit

amount participants can earn annually. Michael Chambers asked if we do this screening do we receive the credit. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-656 was approved by unanimous vote.

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

Patrick Smock, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-657 was approved by unanimous vote.

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

Meghan Patton, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-658 was approved by unanimous vote.

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

Josh Brower, Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-659 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-660 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-661 was approved by unanimous vote.

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

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-662 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-663 through BC2025-665; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

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
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 \(cuyahogacounty.gov\)](https://www.cuyahogacounty.gov/BoardofControl)

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

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

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-666

Title	3rd Amendment of the Nautica Entertainment LLC revenue generating lease. The Department of Public Works wishes to amend a revenue generating lease for parking spaces through 03/31/2031 which would bring in \$13,500 plus 5% of gross annual revenues.
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 checked="" 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	3400	Nautica Entertainment LLC	4/1/2011 – 3/31/2016	\$10,000.00	4/26/2011	EA2011-0497
(A-1)	3400	Nautica Entertainment LLC	4/1/2016 – 3/31/2021	\$10,512.65	7/31/2017	BC2017-558
(A-2)	3400	Nautica Entertainment LLC	4/1/2021 – 3/31/2026	\$11,910.00	3/29/2021	BC2021-134
(A-3)	3400	Nautica Entertainment LLC	4/1/2026 – 3/31/2031	\$13,500	Pending	Pending

Service/Item Description (include quantity if applicable). Department of Public Works is requesting approval of an amendment to a revenue generating lease with Nautica Entertainment LLC. to extend the time to 03/31/2031 and for additional funds in the amount of \$13,500 plus 5% of gross annual revenues.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to extend this lease of parking space so that Nautica Entertainment can continue to provide public parking.

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):
Nautica Entertainment, LLC	Jeffery P. Jacobs
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is an amendment to the current lease which will provide over \$13,500 in revenue to the County. This is a revenue generating contract. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Revenue Generating <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. Revenue Generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): The project is entirely revenue generating to the County, no expenditure of funds is required.
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW100100 43215
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): The schedule of rent payments to the County is monthly.

Provide status of project. The proposed project is a 3rd amendment to the current lease which is due to expire on March 31, 2026. This amendment changes the term by extending it to five additional years. The history of this lease started in 2011 and ran through 03/31/2016 which was extended to March 31, 2021; then to March 31, 2026. Extend the current revenue generating agreement for five more years. The extension will provide over \$13,500 plus 5% of gross annual revenue to the County.	
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):	6/27/25
Date documents were requested from vendor:	6/30/25
Date of insurance approval from risk manager:	10/9/25
Date Department of Law approved Contract:	10/9/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Nautica Entertainment is current on their rent payments.	

HISTORY (see instructions): see chart at top
--

BC2025-667

Title	PO25004088FTYR- 2025- Procurement of Amazon Web Services Cloud Hosting- 12 Months
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.
	PO25004088 FTYR	Amazon Web Services Inc	1/1/2026 – 12/31/2026	\$288,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

The Department of Information Technology intends to contract with Amazon Web Services (AWS) for cloud hosting services for a 12-month period in the amount of \$288,000.00.

Due to the variable nature of AWS usage, it is challenging to provide a precise forecast for the subscription terms. This request is for a Purchase Order in the amount of \$288,000.00 to ensure continuity of services with AWS through 2026.

This hosted service is essential for the following purposes:

- Disaster recovery backup for on-premises systems
- Secure application access for external parties interfacing with the ERP Financial Systems

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

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

Project Goals, Outcomes or Purpose (list 3):

Procurement of Amazon Web Services Cloud Hosting – 12 months in the amount of \$288,000.00

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

Vendor Name and address:	Owner, executive director, other (specify):
Amazon Web Services (AWS) 410 Terry Avenue North Seattle, Washington 98109	Gina Brown AWS Point of Contact

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Amazon Web Services is the current provider of the County's cloud hosting services. In addition, the County piggybacked on the State Department of Administrative Services' contract with Amazon Web Services. AWS was the most cost viable option for backup services after reviewing various other options. The County has switched from physical tape backup to virtual tape backup with an estimated annual storage of 1 Petabyte (1000+Terabytes) (1 million GB). *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<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
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24003427 EXMT	Amazon Web Services	3/1/2025 – 2/28/2026	\$180,000.00	9/30/2024	BC2024-697

BC2025-668

Title	CM5685- 2025- Contract agreement with Feathery Inc. for Feathery Form engine
-------	--

Department or Agency Name	The Department of Information Technology
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	CM5685	Feathery Inc.	Effective Date- 3 years from effective date	\$79,860.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Feathery, Inc., for Three (3) Years for Feathery Form Engine in the amount of not to exceed \$79,860.00.</p> <p>During the term of this contract, Feathery will provide tools to support customized forms, secure access for different user roles, shared team workflows, electronic signatures, use on a custom website address, and up to 500 monthly users. It will also enable dynamic data collection, conditional logic, and seamless integration with systems like Salesforce to support end-to-end automation of complex business processes.</p> <p>The Department of IT currently has an existing contract with Feathery Inc.; however, this is a new contract—not a renewal—due to a change in scope.</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>To Enter into a contract agreement with Feathery Inc. for Three (3) years.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Feathery, Inc. 2261 Market Street, Suite 4263 San Francisco, California 94114	Zack Khan Co-Founder
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. Feathery is currently in use by the Cuyahoga County Department of IT and has been established as an approved IT standard. Feathery is a sole source vendor and signed an affidavit stating as such, this contract is being submitted as an exemption. The platform meets all identified business requirements, including support for forms, workflows, electronic signatures, and integration with a wide range of systems such as email platforms, low/no-code solutions, SMS services, databases, and Microsoft products like Power Automate and Excel. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

--

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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. IT100110
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5059	Feathery Inc	12/24/2024-12/23/2025	\$20,100.00	12/23/2024	BC2024-974

BC2025-669

Title	BODD ADAPT Liaison	
Department or Agency Name	Corrections Planning Board	
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.
Original Agreement	CM 5693	Cuyahoga County Board of Developmental Disabilities	July 1, 2025 to June 30, 2027	\$231,252.62		

Service/Item Description (include quantity if applicable).

This agreement supports and funds one full-time ADAPT Forensics Liaison position from the Cuyahoga County Board of Development Disabilities to serve the Court's Mental Health and Developmental Disabilities' Advancement of Defendant Adaptations through Planning and Technology ("ADAPT") Docket.

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 purpose of this Agreement is to identify and coordinate supports for individuals with developmental disabilities who become involved in the criminal justice system at the Cuyahoga County Common Pleas Court through education, advocacy and the provision of service coordination and community linkage.

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):
Cuyahoga County Board of Developmental Disabilities 1275 Lakeside Ave E. Cleveland, OH 44114	Dr. Amber C. Gibbs, Superintendent and CEO
Vendor Council District:	Project Council District:
ALL	ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process. N/A – unique partner

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input 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. The project is 100% funded through Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act grant resources.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. CP285170
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is ongoing to ensure clients undergoing supervision by the Common Pleas Court's Adult Probation Department are served with appropriate court-mandated programming.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Waited for the CCA 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive. Further delay due to need for additional contract revisions with the BODD.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	April 1, 2025
Date documents were requested from vendor:	August 22, 2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	October 3, 2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Waited for the CCA 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.	
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.
Original Agreement	2161 – former contract #	Cuyahoga County Board of Developmental Disabilities	July 1, 2021 to June 30, 2023	\$64,400	09/03/2022	BC2022-16
First Amendment	2161 – former contract #	Cuyahoga County Board of Developmental Disabilities	July 1, 2023 to June 30, 2024	\$32,200	09/25/2023	BC2023-588
Second Amendment	2161 - former contract #	Cuyahoga County Board of Developmental Disabilities	July 1, 2024 to June 30, 2025	\$32,200	08/19/2024	BC2024-603

BC2025-670

Title	Sheriff Department 2025 Purchase of Ammunition for Protective Services	
Department or Agency Name	Sheriff	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25004081 STAC	Vance Outdoors Inc.		\$18,582.90		

Service/Item Description (include quantity if applicable).

Sheriff's Department is requesting the approval of a Purchase Order to Vance Outdoors, Inc. in the amount of \$18,582.90 for duty and training ammunition using State Contract pricing #RS900319.

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):

Sheriff's Department Protective Service Officers need ammunition for training and in protection of the community.

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):
Vance Outdoors, Inc. 3723 Cleveland Ave Columbus, OH 43224	Doug Vance, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #RSI023418 exp. 3/31/2028 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

BC2025-671

Title	CM#4777 Amendment for 2025-2026 payment to Qualtrax Inc. in the amount of \$15,468.99 FY2024 Paul Coverdell Forensic Science Improvement Grants Program.
Department or Agency Name	Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM471	Qualtrax Inc	5/1/2021 – 4/30/2022	\$21,744.50	6/28/2021	BC2021-312
A-1	CM471 Copied to CM1584	Qualtrax Inc	5/1/2022 – 4/30/2023	\$14,156.32	8/15/2022	BC2022-493
A-2	CM1584 Copied to 3614 and 3615	Qualtrax Inc	5/1/2023 – 4/30/2024	\$14,581.00	7/10/2023	BC2023-428
A-3	CM3615 Copied to 4447	Qualtrax Inc	5/1/2024 – 4/30/2025	\$15,018.44	5/13/2024	BC2024-364
A-4	CM 4447	Qualtrax Inc	5/1/2025 – 4/30/2026	\$15,468.99	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>Medical Examiner Office requesting to amend BOC Approvals as noted above on the Sole-Source contract with Qualtrax Inc. for software licenses for document management system for CCMEO lab personnel. The not-to-exceed amount would be updated to add the amount of \$15,468.99 and request to update the time frame to include Year 5 for a period covering 5/1/2025 - 4/30/2026.</p>
--

Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
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): Quality management system houses Standard Operating Procedures (SOP) and controlled forms. Documents all training and education that are needed for accreditation. Proficiency test monitoring and validation for new equipment and methods, per the international standard for testing and calibration laboratories -ISO17025/ANAB3125.

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):
Qualtrax Inc. 105 E. Roanoke Street Blacksburg, VA 24060	Amy Ankrum, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input 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) Sole Source award from RQ#3910
	<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. Email dated 10/7/2025	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. FY2024 Paul Coverdell Forensic Science Improvement Program Grant	
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Service is Annually Grant Funded Based on Availability	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FY2024 Paul Coverdell Forensic Science Improvement Grants Program ME285110 / ME-24-Coverdell	
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: Contract is funded by the FY2024 Paul Coverdell Forensic Science Improvement Program Grant. Application for funding is done annually and must be approved and appropriated before the amendment can be processed, insuring funding is available to make payment on the invoice.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Invoice received 4/9/2025 Notification of Appropriations for FY2024 Paul Coverdell Forensic Science Improvement Program Grant received 8/13/2025 from Public Safety Grants Dept.
Date documents were requested from vendor:	4/1/2025. Follow-up requests on 5/15/2025; 6/11/2025; Vendor documents received 6/18/2025
Date of insurance approval from risk manager:	na
Date Department of Law approved Contract:	na
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions): see chart above

BC2025-672

Title	PSJS on behalf of the Medical Examiner's Office; Knupp & Watson & Wallman, Inc (KW2); Contract for Public Health Communication and Education Campaign to Reduce Overdose Fatalities; Upon Execution through August 30, 2026 for \$419,000.00
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5683	Knupp & Watson & Wallman, Inc. d/b/a KW2	Execution- 8/30/26	\$419,000.00		

Service/Item Description (include quantity if applicable).

Requesting approval of a contract with Knupp & Watson & Wallman, Inc. d/b/a KW2 for Public Health Communication and Education Campaign to Reduce Overdose Fatalities for the time period upon contract execution through August 30, 2026 in the amount of \$419,000.00.

The purpose of the contract will be to share findings from Cuyahoga County's Overdose Fatality Review (OFR), Cuyahoga County is soliciting proposals for the continued development and execution of a countywide communications and education campaign. Specifically, KW2 will reach and educate the general public, prescribers in emergency settings, and other harm reduction agencies about preventing overdose deaths.

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):

Bring awareness of the different dangers of substance use to the general public.

Provide information to the general public on the locations of places offering help those currently impacted by substance use disorder.

Educate emergency department providers/medication prescribers on substance use disorders.

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):
Knupp & Watson & Wallman, Inc. d/b/a KW2 937 Buring Wood Way Madison, WI 53704	Jennifer Savino, CEO
Vendor Council District:	Project Council District:
N/A	All Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT X	NON-COMPETITIVE PROCUREMENT
RQ# 16237 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: August 4, 2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$419,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 5 / 51 Commodity Codes: 915-22: Communications Marketing Services 952-22: Community Service Campaigns	<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 checked="" type="checkbox"/> No, please explain. Grant funded 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: Awarded based on highest evaluation score	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? \$264,715.00 - \$419,000.00	<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. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY23 Comprehensive Opioid, Stimulant, and Substance Use Site-based Program – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input checked="" 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. Account: ME285150 Accounting Unit: 55130 Activity: ME-23-COSSUP
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):

BC2025-673

Title	Division of Children & Family Services – 2026-2027 Cuyahoga County Juvenile Court Contract for Diagnostic Services
Department or Agency Name	Division of Children & Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5686	Cuyahoga County Juvenile Court	1/1/26- 12/31/2027	\$44,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

Division of Children & Family Services wants to contract with Juvenile Court for Diagnostic Services

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

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

Project Goals, Outcomes or Purpose (list 3):
Cuyahoga County Juvenile Court will provide evaluation services and make recommendations for community-based services, psychological evaluations for the Division of Children & Family Services
Effectively determining the ability of caregivers to provide appropriate care to their children

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). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga County Juvenile Court 9300 Quincy Ave Cleveland, OH 44106	Thomas F. O'Malley Administrative Judge
Vendor Council District:	Project Council District:
07	
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
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 & Human Services Levy 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. HS 215100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3938	Cuyahoga County Court of Common Pleas, Juvenile Court Division	1/1/2024 – 12/31/2025	\$44,000.00	12/11/2023	BC2023-805
A-1	3938	Cuyahoga County Court of Common Pleas, Juvenile Court Division	1/1/2024 – 12/31/2025	\$30,000.00	8/25/2025	BC2025-548

BC2025-674

Title	Cuyahoga County Division of Senior and Adult Services; The Center for Community Solutions; 2026 Amendment; CCS shall provide fiscal agent and management services for the Council on Older Persons (COOP)	
Department or Agency Name	Department of Health and Human Services, Department of Senior and Adult Services	

Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify)
------------------	--

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM3855	The Center for Community Solutions	1/1/2024- 12/31/2024	\$20,000.00	10/30/2023	BC2023-684
A- 1	CM3855	The Center for Community Solutions	12/13/2024- 12/31/2025	\$45,200.00	02/03/2025	BC2025-75
A-2	CM3855	The Center for Community Solutions	01/01/2026- 12/31/2026	\$20,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Division of Senior and Adult Services is requesting approval of a contract with The Center for Community Solutions in the amount of \$20,000.00 for the period of 01/01/2026 - 12/31/2026.</p> <p>COOP is an advisory committee of CCS, first established in 1940. Its mission is to promote a better understanding of aging and address the issues and concerns of older person in Greater Cleveland through citizen-led needs assessment, policy development, community education and advocacy. COOP's members include leaders in the aging network who come together to develop strategies, lead advocacy efforts, and implement solutions.</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? N/A</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Support the mission and operations of COOP by providing funding for fiscal agent and management services.</p> <p>Address concerns of the Aging Community.</p> <p>Community education and advocacy.</p>

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

1501 Euclid Avenue, Suite 310 Cleveland, Ohio 44115	
Vendor Council District:	Project Council District:
Council District 7	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human 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. HS260255 55130 UCH09330 - \$20,000.00
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. On going.	
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	
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 checked="" type="checkbox"/> Yes (if yes, please explain) New services included, that’s why additional money was granted.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2025-675

Title	Family and Children First Council/ Educational Service Center of Northeast Ohio/Contract for 1/1/2026 to 12/31/26 The purpose of the contract amendment is to add funds to the current contract for providing Fiscal Agent Services for FCFC for the Families and Schools Together (FAST) and Families and Schools Together Works.
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	3839	Educational Service Center of Northeast Ohio	1/1/2024 – 12/31/2025	\$654,000.00	03/18/2024	R2023-0339

A-1	3839	Educational Service Center of Northeast Ohio	1/1/2024 – 12/31/2025	\$250,000.00	4/1/2024	BC2024-254
A-2	3839	Educational Service Center of Northeast Ohio	1/1/2026-12/31/2027	\$680,000.00	Pending	

Service/Item Description (include quantity if applicable).

Requesting approval of a contract as indicated in the chart above or with Educational Service Center of Northeast Ohio in the amount of or not-to-exceed \$654,000.00 for the period 01/01/2026-12/31/2027. This is a Contract Amendment.

-The not to exceed amount is to be increased by adding \$680,000.00 Six Hundred Eighty Thousand Dollars, \$340,000.00 for each year to Three Hundred Forty Thousand Dollars each year for a total of \$1,584,000.00 One million Five Hundred Eighty Four Thousand Dollars for the term of the contract.

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):

Serve as the fiscal agent for the disbursement and monitoring of funds. Provider agrees that the funding provided through this contract will be used only for the FAST and FASTWORKS activities as specified. Enter into contracts with identified trainers and vendors to provide school and community based programming related to the project and reimburses trainers and vendors according to the FAST budget guidelines and fiscal procedures.

Enter into contracts with the identified trainers and vendors to provide the annual FASTWORKS event.

None of the services covered by this contract shall be contracted to any agency organization, other than the Selected Provider(s).

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

Vendor Name and address:	Owner, executive director, other (specify):
Educational Services of Northeast Ohio 6393 Oak Tree Blvd Independence OH 44131	Dr. Robert Mengerink, Superintendent
Vendor Council District:	Project Council District:
6	4,7,10
If applicable provide the full address or list the municipality(ies) impacted by the project.	Parma School District 5 schools Cleveland Heights University Heights 3 schools Cleveland School District 2 schools East Cleveland School District 1 school

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. An RFP was issued in 2021 with the Case Western Reserve University being the only responding vendor. *See Justification for additional information.
The total value of the solicitation: _____	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption <input type="checkbox"/> Other Procurement Method, please describe: _____

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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):	7/22/2025
Date documents were requested from vendor:	8/22/2025
Date of insurance approval from risk manager:	8/14/2025
Date Department of Law approved Contract:	10//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

C.- Exemptions

BC2025-676

TITLE	Alternative Procurement for Out of Home Placement Services Master	
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/ Division of Children and	
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement	
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>DCFS has provided a wide range of out of home care services to youth in the custody of the agency. The continuum of services ranges from least restrictive and less intensive to more restrictive and more intensive and is based on the assessed needs of the youth placed in care. In September 2025, there were approximately 2,120 youth in out of home care. Of those, 62% are African American, 66% are under the age of 13, and males and females are split at roughly 50%.</p> <p>DCFS is committed to providing services that are targeted to and promote the best interests of each child who enters care. The agency believes that each child must be served in a manner that supports healthy physical and emotional development leading to optimal well-being.</p> <p>We are seeking an alternative procurement to issue a modified solicitation to the community.</p>
---	--

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	65% Health and Human Services Levy Funds and 35% Title IV

D. - Consent Agenda

BC2025-677

(See related items for proposed travel/memberships for the week of 10/27/2025 in Section D above).

BC2025-678

(See related items for proposed purchases for the week of 10/27/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	HHS: Office of the Director 2025; OHIO DEPARTMENT OF HEALTH
DEPARTMENT OR AGENCY NAME	Health and Human Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). <ul style="list-style-type: none"> ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).

	<input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ohio Department of Health	7/1/2025-12/31/2025	\$21,652.41	10/21/2024	CON2024-101
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/EXPLANATION OF THE GRANT:		To support active tuberculosis (TB) case management, the Ohio Department of Health (ODH) Tuberculosis (TB) Program provides funds to eligible Ohio county-designated TB Control Units. Funds are intended to offset the time and expense associated with the prevention and control of TB through education, training, and case management of persons with TB disease caused by Mycobacterium tuberculosis.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		The primary goal of this grant is to reduce morbidity and mortality caused by Tuberculosis.			
		Provide reimbursement for the cost of public health activities associated with reporting, investigation, and case management of tuberculosis			

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.
	100% by the Ohio Department of Health
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 2

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 10/27/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT