



**Cuyahoga County Board of Control Agenda
Monday, November 3, 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 – 10/27/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-679

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to ITW Food Equipment Group LLC dba Hobart Service in the amount not-to-exceed \$30,000.00 for café equipment repairs at the Juvenile Justice Center.
- b) Recommending an award on Purchase Order No. 25002977 to ITW Food Equipment Group LLC dba Hobart Service in the amount not-to-exceed \$30,000.00 for café equipment repairs at the Juvenile Justice Center.

Funding Source: General Fund

BC2025-680

Department of Public Works, submitting an amendment to Contract No. 4358 with The Murphy Contracting Company for the Cuyahoga County Medical Examiner's Building Elevator Modernization project for the period 4/16/2024 through project completion, to expand the scope of services, and for additional funds in the amount not-to-exceed \$206,793.00, effective upon signatures of all parties.

Funding Source: Capital Improvement Plan

BC2025-681

Department of Public Works, recommending awards on RQ16123 and enter into contracts with various providers (17-3) in the total amount not-to-exceed \$300,000.00 for general right-of-way services for various road and bridge projects for a period of 3 years, effective upon signatures of all parties.

a) Contract No. 5703 with MS Consultants, Inc. in the amount not-to-exceed \$150,000.00.

b) Contract No. 5704 with O.R. Colan Associates, LLC in the amount not-to-exceed \$150,000.00.

Funding Source: Road and Bridge Fund

BC2025-682

Department of Information Technology, recommending an award on Purchase Order No. 25003840 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$147,360.00 for a state contract purchase for the renewal of Zoom Enterprise Conferencing and Audio licenses and support for use by various departments for the period 11/20/2025 - 11/19/2026.

Funding Source: General Fund

BC2025-683

Department of Information Technology, recommending an award on Purchase Order No. 25004201 to SHI International Corp. in the amount not-to-exceed \$38,805.48 for a joint cooperative purchase of (1) server for network monitoring applications and associated sensor capacity license, hardware, maintenance and support services for period 11/3/2025 – 11/2/2026.

Funding Source: General Fund

BC2025-684

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$33,545.83 for the purchase and implementation of Calabrio call recording software, with 200 user channels and support for various County agencies.

b) Recommending an award on Purchase Order No. 25004206 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$33,545.83 for the purchase and implementation of Calabrio call recording software, with 200 user channels and support for various County agencies.

Funding Source: General Fund

BC2025-685

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5667 (fka Contract No. 1993) with Mizanin Reporting Service, Inc. for court transcription services for the period 1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026, to change the rates for transcription services, effective 1/1/2026 and for additional funds in the amount not-to-exceed \$80,000.00.

Funding Source: General Fund

BC2025-686

Medical Examiner's Office

- a) Submitting an RFP exemption, which will result in an award recommendation to Agilent Technologies, Inc. in the amount not-to-exceed \$28,181.92 for installation and training on updates to the software and firmware on the GCMS instrument computers in the Medical Examiner's Drug Chemistry lab, for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into Contract No. 5689 with Agilent Technologies, Inc. in the amount not-to-exceed \$28,181.92 for installation and training on updates to the software and firmware on the GCMS instrument computers in the Medical Examiner's Drug Chemistry lab, for a period of 1 year, effective upon signatures of all parties.

Funding Source: 97% FY2024 Paul Coverdell Forensic Science Improvement Grant and 3% Coroner Lab Fund

BC2025-687

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5450) with McGregor Pace to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for individuals seeking enrollment in McGregor Pace for the period 2/1/2025 - 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$43,382.48, effective upon signatures of all parties.

Funding Source: Revenue Generating

BC2025-688

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 3853 with Cuyahoga County Board of Developmental Disabilities for Medicaid Home and Community-based Services for youth with developmental disabilities for the period 1/1/2024 – 12/31/2025 to extend the time period to 3/31/2027, and for additional funds in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties.

Funding Source: Medicaid Individual Options Waiver with excess charges covered at 65% Health and Human Services Levy & 35% Federal Title IV-E

BC2025-689

Department of Health and Human Services/Division of Children and Family Services, recommending an award on RQ16082 and enter into Contract No. 5542 with Bellefaire Jewish Children's Bureau (23-3) in the amount not-to-exceed \$504,000.00 for mentoring services for youth ages 10-21 in permanent custody of the Division of Children and Family Services, effective upon signatures of all parties for the period 10/1/2025 - 9/30/2027.

Funding Source: Temporary Assistance for Needy Families-Independent Living

BC2025-690

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Requesting authority to apply for grant funds from the U.S. Department of Housing and Urban Development in the amount of \$1,500,000.00 for Continuum of Care planning activities in connection with the FY2024 Continuum of Care Homeless Assistance Competition Program for the period 1/1/2026 – 12/31/2026.
- b) Submitting a grant award from The U.S. Department of Housing and Urban Development in the amount of \$1,500,000.00 for Continuum of Care planning activities in connection with the FY2024 Continuum of Care Homeless Assistance Competition Program for the period 1/1/2026 – 12/31/2026.

Funding Source: 100% (\$1,500,000.00) FY2024 United States Department of Housing and Urban Development Continuum of Care Homeless Assistance Competition Grant. The County must demonstrate a 25% (\$375,000.00) in-kind contribution which is being accomplished by contracted spending with another vendor.

C. – Exemptions

BC2025-691

Department of Health and Human Services, recommending an alternative procurement process, which will result in payments to Treasurer, State of Ohio for various invoices in the total amount not-to-exceed \$250,000.00 for technical support services to County employees in connection with the Tech Service Support Policy for the period 1/1/2026 – 12/31/2026.

Funding Source: Health and Human Services Levy

BC2025-692

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to Treasurer, State of Ohio in the total amount not-to-exceed \$4,405,367.49 for State-mandated services rendered to children in connection with the Ohio Department of Health's Complex Medical Help Program for the period 1/1/2026 – 12/31/2026, in accordance with Ohio Revised Code Section 3701.023.

Funding Source: Health and Human Services Levy Fund

D. – Consent Agenda

BC2025-693

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Requesting authority to apply for grant funds from the U.S. Department of Housing and Urban Development in the amount of \$1,676,083.00 for reimbursement of costs for eligible activities for joint transitional housing and rapid re-housing services to prevent and end youth homelessness in connection with the Youth Homelessness Demonstration Project for the period 1/1/2026 – 12/31/2026.
- b) Submitting a grant award from the U.S. Department of Housing and Urban Development in the amount of \$1,676,083.00 for reimbursement of costs for eligible activities for joint transitional housing and rapid re-housing services to prevent and end youth homelessness in connection with the Youth Homelessness Demonstration Project for the period 1/1/2026 – 12/31/2026.

Funding Source: FY2024 United States Department of Housing and Urban Development Continuum of Care Homeless Assistance Competition Grant

BC2025-694

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Requesting authority to apply for grant funds from the U.S. Department of Housing and Urban Development in the amount of \$454,417.00 for navigation services and financial assistance for homeless and at-risk youth and young adults in connection with the Youth Homelessness Demonstration Project for the period 1/1/2026 – 12/31/2026.
- b) Submitting a grant award from the U.S. Department of Housing and Urban Development in the amount of \$454,417.00 for navigation services and financial assistance for homeless and at-risk youth and young adults in connection with the Youth Homelessness Demonstration Project for the period 1/1/2026 – 12/31/2026.

Funding Source: FY2024 United States Department of Housing and Urban Development Continuum of Care Homeless Assistance Competition Grant

BC2025-695

Fiscal Department, presenting proposed travel/membership requests for the week of 11/3/2025:

Dept:	Sheriff's Department							
Event:	Court Safety and Security Conference							
Source:	National Criminal Justice Training Center							
Location:	Appleton, WI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/	Air ***	Total	Funding Source

					Mileage **			
Steven Veverka	3/23/2026- 3/26/2026	\$325.00	\$200.00	\$480.00	\$300.00	\$450.00	\$1,755.00	Continued Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Training opportunity at the court safety and security national conference.

BC2025-696

Department of Purchasing, presenting proposed purchases for the week of 11/3/2025:

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
25004158	(170) Various sizes of secure shower curtain systems	Sheriff's Department	Lakeside Supply Company	\$12,338.50	General Fund
25004277	(6) Mobile data terminals with keyboards and extended warranty	Sheriff's Department	MNJ Technologies Direct, Inc.	\$24,804.00	FY24 In-Vehicle Dash-Cam Response to Violent Crime Grant

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Court of Common Pleas/Corrections Planning Board, submitting an Addendum from Ohio Department of Rehabilitation and Corrections for various FY2026 – 2027 Community Based Corrections Programs for the period 7/1/2025 – 6/30/2027 to change the terms and to modify the total amount of the grant award from \$17,815,082.00 to \$18,795,412.00:

- 1) In the amount of \$14,295,412.00 for implementation of various services designed to reduce or divert the number of persons committed to local corrections agencies.
- 2) In the amount of \$4,500,000.00 for implementation of the Targeted Community Alternatives to Prison (TCAP) Program.

Funding Source: Community Corrections Act (CCA) Fund

Item No. 2

Public Defender's Office, submitting a Grant Award Agreement from the Supreme Court of Ohio in the amount of \$120,000.00 for the Legal Representation Pilot Project for the period 10/1/2025 - 9/30/2026.

Funding Source: U.S. Department of Health and Human Services

Item No. 3

Department of Health and Human Services/Office of Child Support Services, submitting a subgrant award from the Department of Health and Human Services/Administration for Children and Families/Office of Child Support Enforcement for additional funds in the amount of \$7,500.00 to implement and enhance safe services to families in Cuyahoga County, Ohio in connection with the SFFY26 Save Access for Victims' Economic Security (SAVES) demonstration grant program for the period 9/1/2025 – 8/31/2026.

Funding Source: Federal Funds

Item No. 4

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	5551	Fun 'n Stuff Amusements, Inc.	for rental of space, catering and related services for the 2025 National Adoption Month event being held on 11/22/2025.	\$10,000.00	Department of Health and Human Services/ Division of Children and Family Services	effective upon signatures of all parties- 11/30/2025	66% Health and Human Services Levy and 34% Title IV-E Reimbursement Fund	(Executive) 10/22/2025 (Law) 10/23/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, October 27, 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

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

Paul Porter, Director, Department of Purchasing

Trevor McAleer, County Council (Alternate for Meredith Turner)

Laura Black, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

II. – REVIEW MINUTES – 10/20/2025

Michael Chambers motioned to approve the minutes from the October 20, 2025, meeting; Trevor McAleer 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

BC2025-666

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

John Myers, Department of Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-666 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-667 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-668 was approved by unanimous vote.

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

Meghan Patton, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-669 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-670 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-671 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2025-672 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked how many individuals would be seen under this program. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-673 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-674 was approved by unanimous vote.

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

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-675 was approved by unanimous vote.

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.

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-676 was approved by unanimous vote.

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

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-677 through BC2025-678; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

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 ton, effective 11/1/2025, and to an amount not to exceed \$175.00 per ton, effective 1/1/2026	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
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	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	(Executive) 10/17/2025

			development of the Care First Cuyahoga ("CFC") Continuum of Care Program for youths, and their families				Prevention Grant	
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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 the Cities of Independence and Seven Hills- Council District 6	\$5,000,000.00		80% Federal Funds (\$4,000,000.00) 10% County Road and Bridge Funds (\$500,000.00) 8% City of Independence (\$400,000.00) 2% City of Seven Hills (\$100,000.00)	(Executive) 10/17/2025

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:17 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-679

Title	Public Works – Juvenile Justice Center – Café Equipment Repairs - Hobart Service
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	25002977	Hobart Service	Upon Execution	Not-to-exceed \$30,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). Requesting approval of a purchase order with Hobart Service for café equipment repairs at the Juvenile Justice Center café, in the amount of not-to-exceed \$30,000.00.
Indicate whether: X New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): The Juvenile Justice Center has a café that needs equipment repairs to ensure it becomes operational. Hobart conducted the original assessment of the equipment and is able to provide repairs needed to make it operable for a future vendor.

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):
Hobart Service: ITW Food Equipment Group LLC PO Box 2517 Carol Stream, IL 60132-2517	
Vendor Council District:	Project Council District:
N/A	N/A

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. Hobart conducted the original assessment of the café equipment and is verses in repairs and maintenance of the equipment. *See Justification for additional information.
The total value of the solicitation:	X Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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 X 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. General Fund – 100%

Is funding for this included in the approved budget? X Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW750100 / 55220
Payment Schedule: X 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 X 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):

BC2025-680

Title	Medical Examiner’s Building Elevator Modernization
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4358	The Murphy Contracting Company	N/A	\$718,000.00	5/30/2024	R2024-0190
Amendment #1	CM4358	The Murphy Contracting Company	N/A	\$206,793.00	Pending	Pending

Service/Item Description (include quantity if applicable). The scope of work for this Amendment is to provide Administration , Material and Equipment Demolition and excavation for Saw cut and concrete removal and flooring, Furnish and install reinforcement and pour new concrete stairs and slab new handrails each side ,metal safety screen, new VCT flooring at top and bottom landings. Provide 120V or 208V single phase circuit , one safety disconnect and wire the platform lift equipment. Furnish and install one (1) 2000lb capacity MLS2-296+M Multi Stage Lift Table		
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____ N/A		
Project Goals, Outcomes or Purpose (list 3): , Furnish and install reinforcement and pour new concrete stairs and slab new handrails each side ,metal safety screen, new VCT flooring at top and bottom landings. Provide 120V or 208V single phase circuit , one safety disconnect and wire the platform lift equipment		

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 Murphy Contracting Company 285 Andrews Ave. Youngstown, Ohio 44505	Michael Gentile Sr. -President
Vendor Council District:	Project Council District:
N/A	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 13820 (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$206,793.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase. N/A	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

Provide status of project. Vendor is moving along as expected	
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):	6/17/2024
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None	
If late, have services begun? <input checked="" 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)	
Payments have been made on project after verification of completion	

HISTORY (see instructions): see chart above

BC2025-681

Title	2025 DPW requesting approval to award contract agreements with MS Consultants Inc and O.R. Colan Associates, LLC for General Right of Way Services in the amount of \$150,000 per contract.
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM # 5703	MS Consultants Inc	3-Years from Effective Date	\$150,000	Pending	Pending
O	CM # 5704	O.R. Colan Associates, LLC	3-Years from Effective Date	\$150,000	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.

Department of Public Works requesting approval of contracts with MS Consultants Inc, and O.R. Colan Associates, LLC for the amount of \$150,000 per contract. These contracts are for General Right of Way Services. RFQ 16123.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of this request is to approve these contracts with MS Consultants Inc and O.R. Colan Associates, LLC. These contracts are to engage each firm to perform General Right of Way Services.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.

Vendor Name and address:	Owner, executive director, other (specify):
MS Consultants Inc	James Viau

425 Literary Road, Suite 100 Cleveland, OH 44113	Right-of-Way Project Manager
O.R. Colan Associates, LLC 22710 Fairview Center Drive Fairview Park, OH 44126	Benjamin Zera Project Manager
Vendor Council District:	Project Council District:
MS Consultants Inc Council District 8 O.R. Colan Associates, LLC Council District 1	Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	Various

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ____16123____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: Closing Date: 7/10/ 2025	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) 17 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (10%) SBE (0%) MBE (0%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
The selection was made based on qualifications.	
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
The selection was made based on qualifications.	<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.

List date of TAC approval	Date:
<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.	
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% Road and Bridge 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. PW270205 55030
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

O	CM # 1816	MS Consultants Inc	11/1/2021 – 10/31/2024	\$150,000	10/18/2021	BC2021-580
A-1	CM # 4986	MS Consultants Inc	10/31/2025	\$ 0	12/9/2024	BC2024-939
O	CM # 1821	O.R. Colan Associates, LLC	11/1/2021 – 10/31/2024	\$150,000	10/18/2021	BC2021-580
A-1	CM # 5014	O.R. Colan Associates, LLC	10/31/2025	\$ 0	12/9/2024	BC2024-939

BC2025-682

Title	Zoom Licenses	
Department or Agency Name	Department of Information Technology	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25003840 STAC	MNJ Technologies Direct, Inc.	11/20/2025 – 11/19/2026	\$147,360.00	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.

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for the subscription time period of November 20, 2025 – November 19, 2026 for the renewal of Zoom Licenses in the amount of \$147,360.00.

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):

Qty. 500 Zoom One Enterprise Essentials Annual Tier 1 (50 -249 Users)

Qty. 510 Zoom Audio - Domestic NH 1 Year (US/Canada) Tier Start: 10 Tier End 99

Qty. 1 Zoom Premier Support TS Premier Annual

Zoom One Enterprise Essentials is a comprehensive platform designed to streamline internal and external communication and collaboration for businesses by integrating video conferencing, team chat, VoIP phone services, and whiteboarding into a single, unified solution. It is used to connect teams, improve productivity, support remote and hybrid work environments, and facilitate seamless communication through features like high-definition video and audio, AI-powered tools, and integrated scheduling.

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies, Inc. is able to provide Cuyahoga County the requested software using Ohio State Term Schedule pricing. All vendors awarded Ohio state term schedule contracts have completed a formal bid process and have been vetted, selected and awarded contracts by the State of Ohio. The State of Ohio has negotiated pricing for the State Term Schedule and has determined that these are fair and reasonable prices. *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 STS 534354 expires on 12/19/2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA),
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input type="checkbox"/> 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: 12/12/2023</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. 12/12/2023 <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 12/12/2023
List date of TAC approval	Date: 12/12/2023	
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 IT100145
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 type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	24003537 STAC	MNJ Technologie Direct, Inc.	11/20/2024 – 11/19/2025	\$110,830.00	09/09/2024	BC2024-646

BC2025-683

Title	PO25004201JCOP- 2025- procurement of Corelight Network Security Device and Support
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.
	PO25004201 JCOP	SHI International Corp.	2025	\$38,805.48	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with SHI International Corp., for procurement of Corelight Network Security Device in the amount of \$38,805.48</p> <p>This request is for a network security device from Corelight that helps monitor and protect computer networks. The main device (APPL1200-10) is a powerful 1U-sized hardware sensor with fast 10G network ports, designed to detect and analyze threats. It requires a special software subscription (SBSS-APPL-1G-1Y) to work, which allows it to handle up to 1Gbps of network traffic.</p> <p>1-Year- hardware maintenance and support, activated upon purchase of the hardware.</p>

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
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): Procurement of Corelight Network Security Device for the Department of IT.

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. SHI is able to provide the County with joint cooperative purchasing contract pricing under Sourcewell contract #121923, which expires February 27, 2028. A competitive process was completed through Sourcewell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcewell contract #121923. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

	Sourcewell contract #121923, which expires February 27, 2028
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date: CTO approval 10/16/2025
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
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. IT100135
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):

BC2025-684

Title	PO25004206JCOP- 2025- Procurement of Calabrio call recording Software
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.
	PO25004206 JCOP	MNJ Technologies Direct, Inc.	2025	\$33,545.83	PENDING	PENDING

<p>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.</p> <p>The Department of Information Technology plans to contract with MNJ Technologies Direct, for procurement of Calabrio call recording Software in the amount of \$33,545.83.</p> <p>This request is for the procurement of Calabrio Call Recording software, which will replace the outdated Cisco Mediasense system that is no longer compatible with the County's upgraded voice infrastructure. The new solution will enable call recording for up to 200 telephone extensions across multiple County phone systems.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p>

Age of items being replaced:	How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3):	
Procurement of Calabrio call recording Software	

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. NCPA-01-148 Expires on 11.30.2026 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA-01-148 Expires on 11.30.2026
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"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date: 10.16.2025
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	
100% General Fund	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.	
IT100165	
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? ☐ No ☐ Yes (if yes, please explain)

HISTORY (see instructions):

BC2025-685

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1993	Mizanin Reporting Service, Inc.	1/1/22- 12/31/23	\$102,000.00	12/6/2021	BC2021-706
A1	1993	Mizanin Reporting Service, Inc.	1/1/22- 12/31/23	\$10,000.00	12/18/2023	BC2023-838
A2	1993	Mizanin Reporting Service, Inc.	1/1/24- 12/31/25	\$130,000.00	04/09/2024	BC2024-268
A3	5667 FKA 1993	Mizanin Reporting Service, Inc.	1/1/24- 12/31/25	\$30,000.00	10/14/2025	BC2025-640
A4	5667 FKA 1993	Mizanin Reporting Service, Inc.	1/1/26- 12/31/26	\$80,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

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

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

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

Age of items being replaced: How will replaced items be disposed of?

Project Goals, Outcomes or Purpose (list 3):

To provide Transcription services, To provide certified copies of record, To provide services in accordance with the contract.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: Mizanin Reporting Service, Inc	Owner, executive director, other (specify): James Mizanin
5755 Granger Road, Ste 610 Independence, Ohio 44131	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

JC100105-55080

Payment Schedule: ☒ Invoiced ☐ Monthly ☐ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.

Is contract/purchase late ☒ No ☐ 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):	08/01/2025
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Date documents were requested from vendor:	08/12/2025
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Date of insurance approval from risk manager:	09/17/2025
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Date Department of Law approved Contract:	09/12/2025
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

BC2025-686

Title	CM 5689 with Agilent Technologies Inc. for Chemstation upgrades, installations and trainings for CCMEO Drug Chemistry Lab, for 1 year period from execution, amount \$28,181.92.		
Department or Agency Name	Medical Examiner's Office		
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.
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O	5689	Agilent Technologies Inc.	Execution – 1 year	\$28,181.92	Pending	Pending
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Service/Item Description (include quantity if applicable).

Upgrade and install software from older version to more current on Agilent instrument workstations in the ME's Drug Chemistry Lab.

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):
Software upgrades.
Installation and configuration.
Training.

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

Vendor Name and address:	Owner, executive director, other (specify):
Agilent Technologies Inc. 5301 Stevens Creek Blvd Santa Clara CA 95051	Padraig McDonnell / Tom Dent CEO / Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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: APPROVED TAC Meeting 9/18/2025 Item No. 03 2025-TAC-103
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. 97 % FY2024 Paul Coverdell Forensic Science Improvement Grant 3% ME Coroner Lab 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. ME285110 ME-24-COVERDELL 54020 ME105105 ME-Coroner Lab 55220
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):

BC2025-687

Title	Amendment 1 Revenue Generating Agreement – McGregor Pace
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5450	McGregor Pace	2/1/2025- 12/31/2025	\$42,527.05	6/16/2025	BC2025-391
A1	5450	McGregor Pace	1/1/2026- 12/31/2026	\$43,382.48	Pending	Pending

Service/Item Description (include quantity if applicable).

Provide and employ CJFS trained workers whose assigned caseloads will exclusively consist of PACE consumers enrolled or seeking enrollment on McGregor Pace Medicaid applications.

Cuyahoga County Job and Family Services plans to amend Contract No. 5450 with McGregor Pace to extend time period from 2/1/2025-12/31/2025 through 12.31.2026 for services to determine income eligibility for McGregor Pace consumers seeking initial enrollment and ongoing eligibility. This Revenue Generating agreement is in the amount of \$43,382.48

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):

Caseworkers responsible for determining income eligibility for McGregor Pace.
Income eligibility shall also be determined by a caseworker for McGregor Pace.

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):
McGregor Pace 26310 Emery Road	Tangi McCoy, Chief Executive Officer

Warrensville Hts, OH 44128	
Vendor Council District:	Project Council District:
	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is a revenue-generating amendment where McGregor Pace will pay CJFS for this program.</p>
<p>Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>No accounting units are used because this is revenue generating</p>
<p>Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>

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

HISTORY (see instructions): see chart above.

BC2025-688

Title	Division of Children & Family Services & Cuyahoga County Board of Developmental Disabilities agreement. Extend dates to 2026-2027 and add money to 2025.
Department or Agency Name	Division of Children & Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	3853	Cuyahoga County Board of Development Disabilities	1/1/2024-12/31/2025	\$1,400,000.00	11/28/2023	R2023-0334
A1	3853	Cuyahoga County Board of Development Disabilities	Effective upon signature to 3/31/2027	\$200,000.00	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 2026-2027 Cuyahoga County Board of Developmental Disabilities agreement for reimbursement for HCBS services. (Medicaid Home and Community Based 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):

Coordination of care and supports for youth in DCFS custody with disabilities that are eligible for and receiving services from CCBDD.

CCBDD is responsible for the coordination provision of housing for DD youth as part of the youth's long-term transition of care plan.

CCBDD supports and helps DD youth receive all the services needed.

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 Board of Developmental Disabilities 1275 Lakeside Ave East Cleveland, OH 44114	Amber Gibbs, Superintendent/CEO
Vendor Council District:	Project 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# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Government to Government Agreement *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" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">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. Medicaid Individual Options Waiver with excess charges covered at 65% Health and Human Services Levy & 35% Federal Title IV-E
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.

Payment Schedule: ☐ Invoiced ☐ Monthly ☒ Quarterly ☐ One-time ☐ Other (please explain):

Provide status of project.

Is contract/purchase late ☒ No ☐ Yes, In the fields below provide reason for late and timeline of late submission

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): see chart above

BC2025-689

Title	Division of Children and Family Services RQ# 16082; 2025-2027 Bellefaire JCB; Contract for Mentoring Services for Youth in Permanent Custody of the Division of Children and Family Services
Department or Agency Name	Division of Children and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	5542	Bellefaire JCB	10/1/2025-9/30/2027	\$504,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

To provide high quality mentoring services to youth in permanent custody of DCFS. Program activities include 1) recruitment, 2) screening, 3) training, 4) matching, 5) mentoring activities, 6) monitoring and support.

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

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

Project Goals, Outcomes or Purpose (list 3):

To find an organization that can identify volunteers who are relatable to our youth and young adults struggling to achieve independence and who understand the needs of youth who have experienced trauma. To implement a high-quality team mentoring program to youth in the permanent custody of DCFS and young adults who have aged out of foster care system.

For youth to build fundamental life and interpersonal skills essential for independent adulthood living, including job attainment, educational advancement, budgeting, consumer education, credit, health and nutrition, and parenting skills, if needed.

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):
Bellefaire Jewish Children's Bureau 22001 Fairmount Blvd Shaker Hts, Ohio 44118	Adam G. Jacobs, PhD
Vendor Council District:	Project Council District:
9	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	22001 Fairmount Blvd Shaker Hts, Ohio 44118

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __16082__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$504,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 23 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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% Temporary Assistance for Needy Families-Independent Living
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS215100 56110 UCH05942
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. In process	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract language regarding security was revised multiple times before terms were agreed upon, which has led to this contract being late.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/6/2025 RFP opened thru 6/13/25
Date documents were requested from vendor:	7/29/2025
Date of insurance approval from risk manager:	8/27/2025
Date Department of Law approved Contract:	10/17/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2760	Bellefaire JCB	10/1/2022-9/30/2024	\$504,000.00	12/6/2022	R2022-0437
A-1	2760	Bellefaire JCB	10/1/2022-9/30/2024	\$170,000.00	9/18/2023	BC2023-576
A-2	2760	Bellefaire JCB	10/1/2024-9/30/2025	\$252,000.00	8/19/2024	BC2024-607

BC2025-690

TITLE	PLANNING GRANT - FY24 HOMELESS CONTINUUM OF CARE - REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Planning Grant	1/1/2026 – 12/31/2026	\$1,500,000.00	10/7/24	CON2024-93
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Office of Homeless Services requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$1,500,00.00 for CoC Planning in connection with FY2023 Continuum of Care Program Competition Grant for the term of 1/1/2026 – 12/31/2026. OHS received this grant as the designated lead for the Cleveland Cuyahoga CoC. Planning grant funds are available to provide system-wide support for			

	activities including planning, monitoring, program development, and system performance.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	System-wide coordination of various providers to develop strategies identify resources for ending homelessness
	Evaluate the outcomes of CoC and ESG projects within the CoC
	Monitor and improve the quality and performance of recipients and subrecipient projects and enforcing compliance with program requirements

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.
	United States Department of Housing and Urban Development Continuum of Care Program
	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.
	100% (\$1,500,000.00) FY2024 United States Department of Housing and Urban Development Continuum of Care Homeless Assistance Competition Grant. The County must demonstrate a 25% (\$375,000.00) in-kind contribution which is being accomplished by contracted spending with another vendor.

C.- Exemptions**BC2025-691**

TITLE	Tech Service Support Policy
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	12/19/2022	BC2022-800
	12/18/2023	BC2023-851
	11/04/2024	BC2024-805
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Health and Human Services operate on the State of Ohio's network and is responsible for covering their portion of the costs for network maintenance. We also procure IT standard equipment such as laptops and workstations to support our staff and receive technical support from the state for all programs provided to us. Additionally, we utilize state software and are hosted on the state servers. We are requesting approval in the amount not-to-exceed \$250,000.00</p> <p>Explanation of Request:</p> <p>We are seeking an alternate procurement method to establish a mechanism for paying invoices as they come in for network maintenance, equipment purchases, tech support, state software, and server access provided by the state.</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.
	100% Health and Human Services Levy

BC2025-692

TITLE	CJFS 2025: Complex Medical Help Program-State of Ohio
DEPARTMENT OR AGENCY NAME	Cuyahoga Job and Family Services

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement
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	<input type="checkbox"/> Amendment to Alternative Procurement <input checked="" type="checkbox"/> Exemption from Aggregation
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	05/26/2020	BC2020-300
	01/19/2021	BC2021-26
	12/13/2021	BC2021-736
	12/19/2022	BC2022-801
	01/02/2024	BC2024-25
	11/25/2024	BC2024-872
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Ohio Department of Health's Complex Medical Help Program, formally known as Children with Medical Handicaps Program provides payment for Diagnostic, Treatment, and Service Coordination programs to children who are residents of Ohio and who are potentially or actually medically handicapped. Section 3701.023 (I) of the Ohio Revised Code mandated the Department of Health to collect reimbursement from each Ohio county. The maximum amount we are required to reimburse the Complex Medical Help (CMH) program is \$4,405,367.49. This amount equals one-tenth of one mill of our county's total property tax valuation.</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.
	100% Department of Health and Human Services Levy.

D. - Consent Agenda

BC2025-693

TITLE	YHDP JOINT TRANSITIONAL HOUSING - RAPID REHOUSING – FY24 HOMELESS CONTINUUM OF CARE – REQUEST FOR GRANT APPLICATION
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	YHDP Joint Transitional Housing – Rapid Rehousing	1/1/26 – 12/31/26	\$1,676,083	4/18/23, 10/23/23	CON2023-40, CON2023-112
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	OHS received this grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. The Joint Transitional Housing - Rapid Rehousing is designed to serve youth and young adults (YYA) aged 18-24. This project will rapidly connect YYA experiencing literal homelessness to permanent housing through a tailored package of rental assistance and targeted supportive services including limited financial assistance and case management.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Facilitate rapid exit from homelessness to permanent housing using a housing-first approach Provide ongoing rental assistance and supportive services to YYA Support housing stability through coordination with community-based resources

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Lutheran Metropolitan Ministry
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	Maria Foschia, President & CEO 4515 Superior Ave Cleveland, OH 44103
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$1,676,083
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program

	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.
	Match is waived by funder

BC2025-694

TITLE	YHDP SUPPORTIVE SERVICES ONLY – FY24 HOMELESS CONTINUUM OF CARE – REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input checked="" type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	YHDP Supportive Services Only	1/1/26 – 12/31/26	\$454,417	4/18/23, 10/23/23	CON2023-40, CON2023-112
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>OHS received this grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. The Youth Homelessness Demonstration Project (YHDP) Supportive Services Only grant is designed to serve youth and young adults (YYA) aged 18-24. Through this project, navigators assist homeless and at-risk YYA in finding or maintaining safe, appropriate housing without a stay in a shelter and financial assistance for diversion/prevention/rapid resolution of homelessness.</p>
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PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Provide relationship-based navigation support to divert YYA from shelter where possible
	Connect YYA to housing, employment, education, health care, and benefits
	Ensure YYA receive adequate and equitable services as they navigate systems resources

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Lutheran Metropolitan Ministry
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	Maria Foschia, President & CEO 4515 Superior Ave Cleveland, OH 44103
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$454,417
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program
	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.
	Match is waived by funder

BC2025-695

(See related items for proposed travel/memberships for the week of 11/3/2025 in Section D above).

BC2025-696

(See related items for proposed purchases for the week of 11/3/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	ADDENDUM - Community Corrections Grant Agreement FY26-27
DEPARTMENT OR AGENCY NAME	Cuyahoga County Common Pleas Court / Corrections Planning Board

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (BOC MTG DATE)	APPROVAL NO.
ORIGINAL (O)	Community Corrections Grant Agreement FY26-27 from the Ohio Department of Rehabilitation and Correction	July 1, 2025 – June 30, 2027	\$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A) + \$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B) TOTAL = \$17,815,082.00	June 30, 2025	CON-2025-62
AMENDMENT (A-2)	Community Corrections Grant Agreement FY26-27	FY 2026-2027 (July 1, 2025 – June 30, 2027)	\$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A) +	July 21, 2025	CON2025-70

	from the Ohio Department of Rehabilitation and Correction		\$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B) TOTAL = \$17,815,082.00		
AMENDMENT (A-3) - ADDENDUM INCREASE	Community Corrections Grant Agreement FY26-27 from the Ohio Department of Rehabilitation and Correction	FY 2026-2027 (July 1, 2025 – June 30, 2027)	Adding \$980,330.00 ----- So the new total: \$13,315,082.00 (Community Corrections Act 2.0 Grant) – Exhibit A) + \$4,500,000.00 (Targeted Community Alternatives to Prison Grant – Exhibit B) + \$980,330.00 (Addendum Increase) NEW TOTAL = \$18,795,412.00	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Community Correction Act (CCA) Grant: CCA grant funds are intended to divert defendants/offenders associated with the Cuyahoga County Common Pleas Court into community-based supervision to benefit the offender, the criminal justice system and the public by providing a more cost-effective sanction than jail or prison, a chance for behavior change and a safer community.</p> <p>Targeted Community Alternatives to Prison (T-CAP): T-CAP grant funds are intended to allow local communities to effectively supervise, provide treatment services and hold accountable low-level, non-violent offenders in the community and at the same time reduce Ohio’s prison population.</p>
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	<p><u>CHANGE</u>: The attached document is an ADDENDUM (increase in funds) to further support the Common Pleas Court's work addressing community-based supervision to benefitting the offenders. All terms of the original contract remain in full force and effect.</p> <p><u>DIRECTIONS</u>: The County Executive (Grantee) will need to sign the <u>attached</u> Grant Consolidated Agreement ADDENDUM.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	General Goal #1: Success Rate - The Grantee's success rate will be equal to or exceed 50% for individuals terminated from the organization during the grant performance period.
	General Goal #2: Projected Admission Number - The Grantee's admissions rate will be equal to or exceed 95% of the projected admissions by the organization in their grant application during the grant performance period.
	General Goal #3: Bureau of Community Sanctions (BCS) Performance Standards - The Grantee's biennial program review compliance rate will be equal to or exceed 60% for applicable Bureau of Community Sanctions (BCS) Performance Standards during the grant performance period.

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:	See below
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	See below
SUBRECIPIENT'S COUNCIL DISTRICT:	Entire County
DOLLAR AMOUNT ALLOCATED:	<p>The grant supports residential treatment services in the amount of \$460,000.00. Funds are to be allocated for the following services (approximate amounts):</p> <p>(1) Residential treatment services (TBD)</p> <p>The grant supports non-residential treatment services in the amount of \$2,918,735.00. Funds are to be allocated for the following services (approximate amounts):</p> <p>(1) Domestic Violence Classes (anticipate Cleveland Municipal Court's Domestic Intervention, Education and Training) (DIET) Program; Contact: Dean Jenkins/Probation Department)</p> <p>(2) Job Readiness Training (TBD)</p> <p>(3) Mental Health Counseling (anticipate Cuyahoga County Board of Developmental Disabilities; Contact: Sarah Cammock, Esq.)</p>

	<p>(4) Non-Support (anticipate Passages, Ince; Contact: Dr. Brian Moore)</p> <p>(5) Cognitive Behavior Classes (TBD)</p> <p>(6) Sex Offender Treatment (TBD)</p> <p>The additional ADDENDUM funds of \$980,330.00 will be allocated to residential and non-residential services, along with salaries, as needed.</p>
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PROJECT COUNCIL DISTRICT:	Entire County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Entire County

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

Item No. 2

TITLE	Legal Representation Pilot Project
DEPARTMENT OR AGENCY NAME	Public Defender

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.

				(PLEASE PROVIDE BOC MEETING DATE)	
ORIGINAL (O)	Legal Representation Pilot Project	10/1/2025 - 9/30/2026	\$120,000.00	10/7/2024	CON2024-91
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Office of the Public Defender requests a renewal to the amount of \$120,000.00 for the purpose of continuing the Pre-Petition Pilot Program Year 5 grant award. Grant funds will be used to eliminate the need for emergency court intervention by providing, in conjunction with community-based agencies, necessary and immediate supportive services for families facing imminent removal of their children. This grant is funded by the U.S. Department of Health and Human Services (2502OHSCIP), passed through the Supreme Court of Ohio, and covers the performance period of October 1, 2025, to September 30, 2026. This grant will be paid on a reimbursable basis and requires no cash match.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Eliminate the need for emergency court intervention by working in conjunction with community-based agencies.
	Provide immediate supportive services for families.
	Reduce/prevent imminent removal of children from families.

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.
	U.S. Department of Health and Human Services
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	Department of Health and Human Services/Office of Child Support Services Award Acceptance from the U.S. Department of Health and Human Services Administration/Year 4 Safe Access for Victims' Economic Security (SAVES) demonstration grant
DEPARTMENT OR AGENCY NAME	Office of Child Support Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	SAVES GRANT	9/1/2022-8/31/2023	\$117,666.66	01/09/2023	BC2023-19
AMENDMENT (A-1)	SAVES GRANT	9/1/2022-8/31/2023	0.00	7/31/2023	BC2023-484
AMENDMENT (A-2)	SAVES GRANT	9/1/2023-8/31/2024	\$31,500.00	11/21/2023	CON2023-122
AMENDMENT (A-3)	SAVES GRANT	9/1/2024-8/31/2025	\$50,000.00	11/25/2024	CON2024-110
AMENDMENT (A-4)	SAVES GRANT	9/1/2025-8/31/2026	\$7,500.00	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Safe Access for Victims' Economic Security Demonstration will expand on Ohio's current domestic violence (DV) initiative that focuses on providing education, awareness, and policy and procedure advancement to all child support enforcement agencies (CSEA) throughout the state. The SAVES project will provide opportunities to further develop and implement consistent and enhanced safe services to families in Cuyahoga County, Ohio. The Office of Child Support (OCS) will partner with the Ohio Domestic Violence Network (ODVN) as their primary partner in strengthening the Ohio child support program's response to domestic violence.</p> <p>The anticipated start-completion dates are 09/01/2022-08/31/2027.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Increased awareness of domestic violence.
	Provide increased safe access to child support and parenting time services to domestic violence victims/survivors who are currently receiving child support and to those who are not receiving child support and need it.
	To establish partnerships with programs who serve domestic violence victims/survivors to develop and implement a cross system, coordinated response to their needs.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	100% Federally Funded
	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.
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Item No. 4

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 11/3/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT