



**Cuyahoga County Board of Control Agenda  
Monday, November 10, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

**This meeting is open to the public and may also be accessed via livestream using the following link:**  
<https://www.YouTube.com/CuyahogaCounty>

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 11/3/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-697**

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Carahsoft Technology Corp. in the amount not-to-exceed \$13,930.00 for the purchase of various engineering software program subscriptions for the Road and Bridge and Sanitary Divisions for the period 12/30/2025-12/29/2026.
- b) Recommending an award on Purchase Order No. 25004304 to Carahsoft Technology Corp. in the amount not-to-exceed \$13,930.00 for the purchase of various engineering software program subscriptions for the Road and Bridge and Sanitary Divisions for the period 12/30/2025 - 12/29/2026.

Funding Source: 45% Real Estate Assessment Fund, 28% Sanitary Sewer Fund and 27% Road and Bridge

**BC2025-698**

Department of Housing and Community Development, requesting approval of an Affordable Federal HOME Loan in the amount of \$450,000.00 to Warner and Swasey, LLC, or its' designee, for the adaptive reuse of the former Warner and Swasey Manufacturing Plant, located in the City of Cleveland to provide (140) affordable, newly constructed units.

Funding Source: Federal HOME Funds

**BC2025-699**

Department of Housing and Community Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to Strategic Resources Consulting L.L.C. in the amount not-to-exceed \$40,100.00 for a slum and blight study to be conducted within Cuyahoga County, Ohio for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into Contract No. 5675 with Strategic Resources Consulting L.L.C. in the amount not-to-exceed \$40,100.00 for a slum and blight study to be conducted within Cuyahoga County, Ohio for a period of 1 year, effective upon signatures of all parties.

Funding Source: Community Development Block Grant

**BC2025-700**

Department of Communications, recommending an award on Purchase Order No. 25004182 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$15,520.00 for a joint cooperative purchase for the renewal of Sprout Social Professional Plan subscription services, unlimited social profiles and capabilities to add up to 6 additional users for the period 10/16/2025 – 10/15/2026 for use by various County agencies.

Funding Source: 51% General Fund and 49% Health and Human Services Levy Fund

**BC2025-701**

Department of Sustainability and the Department of Public Works, recommending an award and enter into Contract No. 5727 with EnergyCAP, LLC in the amount not-to-exceed \$110,379.42 for a joint cooperative purchase for the renewal of various energy management and energy accounting software products and services for the period 11/1/2025 through 10/31/2028.

Funding Source: Internal Service Fund

**BC2025-702**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to ThreatConnect Inc. in the amount not-to-exceed \$26,400.00 for the renewal of (10) Polarity Client, (1) Polarity Server, and (1) Polarity Support Services subscriptions for the period 12/9/2025 – 12/8/2026.
- b) Recommending an award on Purchase Order No. 25003994 to ThreatConnect Inc. in the amount not-to-exceed \$26,400.00 for the renewal of (10) Polarity Client, (1) Polarity Server, and (1) Polarity Support Services subscriptions for the period 12/9/2025 – 12/8/2026.

Funding Source: General Fund

**BC2025-703**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to AdvizeX Technologies in the amount not-to-exceed \$16,925.72 to purchase at lower than State Contract pricing (1) HPE SQL Synergy server, hardware, various accessories, and support effective upon Board of Control approval for a period of 3 years.
- b) Recommending an award on Purchase Order No. 25004278 to AdvizeX Technologies in the amount not-to-exceed \$16,925.72 to purchase at lower than State Contract pricing (1) HPE SQL Synergy server, hardware, various accessories, and support effective upon Board of Control approval for a period of 3 years.

Funding Source: Real Estate Assessment Fund

**BC2025-704**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to AdvizeX Technologies in the amount not-to-exceed \$134,682.42 to purchase at lower than State Contract pricing (6) HPE Synergy 480 Gen11 servers, and various components to replace (3) backup appliances at the Cleveland Data Center and (3) for the expansion of the infrastructure at the Columbus Data Center, and support services effective upon Board of Control approval for a period of 3 years.
- b) Recommending an award on Purchase Order No. 25004319 to AdvizeX Technologies in the amount not-to-exceed \$134,682.42 to purchase at lower than State Contract pricing (6) HPE Synergy 480 Gen11 servers, and various components to replace (3) backup appliances at the Cleveland Data Center and (3) for the expansion of the infrastructure at the Columbus Data Center, and support services effective upon Board of Control approval for a period of 3 years.

Funding Source: General Fund

**BC2025-705**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nexum, Inc. in the amount not-to-exceed \$236,106.19 for the renewal of Palo Alto Network AI Network Security and Prisma Access agent subscription services and technical support for various effective dates between 6/16/2025 through 12/28/2026.
- b) Recommending an award on Purchase Order No. 25004332 to Nexum, Inc. in the amount not-to-exceed \$236,106.19 for the renewal of Palo Alto Network AI Network Security and Prisma Access agent subscription services and technical support for various effective dates between 6/16/2025 through 12/28/2026.

Funding Source: General Fund

**BC2025-706**

Department of Information Technology, recommending an award on Purchase Order No. 25004337 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$99,510.00 for a state contract purchase for (42) HP ZBook Firefly mobile workstations and (42) HP Elite Mini Desktop Computers, and accessories, each to include HP Care Pack Premium Onsite Support – 5 Year – extended warranty and ABT resilience Gov service plan.

Funding Source: Capital Improvement Plan

**BC2025-707**

Department of Information Technology, recommending an award on Purchase Order No. 25004339 with Dell Marketing LP in the amount not-to-exceed \$45,278.64 for a state contract purchase of (4) Microsoft SQL Server Enterprise Core Licenses, effective upon Board of Control approval for a period of 1 year.

Funding Source: General Fund

**BC2025-708**

Department of Information Technology, recommending an award on Purchase Order No. 25004366 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$24,494.00 for a joint cooperative purchase for the renewal of Bluebeam annual software license subscriptions, (68) Revu Core and (5) Revu Complete for the period 6/6/2025 – 6/5/2026.

Funding Source: 67.12% Road and Bridge, 13.70% Sanitary Engineer, 12.33% Internal Service Fund, 4.11% General Fund, and 2.74% Capital Projects

**BC2025-709**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3437 (fka Contract No. 2840) with Maximus Human Services, Inc. for the Ohio Works First Program for the period 1/1/2023 - 12/31/2025 to extend the time period to 6/30/2026, and for additional funds in the amount not-to-exceed \$214,410.51, effective upon signatures of all parties.

Funding Source: Temporary Assistance for Needy Families (TANF)

**BC2025-710**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to Contract No. 3438 (fka CM2841) with The Centers for Families and Children for the Ohio Works First Program for the period 1/1/2023 - 12/31/2025 to extend the time period to 6/30/2026, no additional funds required, effective upon signatures of all parties.

Funding Source: Temporary Assistance for Needy Families (TANF)

**BC2025-711**

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 5081 (fka Contract No. 3892) with TripLog Inc. to provide a remote staff

mileage system for travel mileage reimbursement for the period 11/15/2023 - 11/14/2025 to extend the time period to 11/14/2026, to modify the terms to provide coverage for up to 888 licenses and for additional funds in the amount not-to-exceed \$77,018.00, effective 11/15/2025 for various departments:

- 1) Department of Public Works
- 2) Department of Health and Human Services/Division of Children and Family Services
- 3) Department of Health and Human Services/Division of Senior and Adult Services

Funding Source: 91% Health and Human Services Levy Fund and 9% Public Works (6% Road and Bridge and 3% Facilities)

#### **BC2025-712**

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 5330 with Touched by Care Consulting, LLC to deliver the Teaching, Healing, Resilience, Independent Living Skills, Vocational Training and Entrepreneurship (T.H.R.I.V.E'N) program services to youth in T-suites for the period 11/30/2024 – 11/29/2025 to extend the time period to 11/29/2026 and for additional funds in the amount not-to-exceed \$128,400.00, effective 11/30/2025.

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

#### **BC2025-713**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3887 with A Place 4 Me Collaborative for rental assistance and supportive services to youth at risk of homelessness for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2026, no additional funds, effective 1/1/2026.

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

### **C. – Exemptions**

#### **BC2025-714**

Department of Public Works, requesting an alternative procurement process to issue a modified Informal Request for Qualification to be used to identify qualified vendors that can supply used vehicles to the County's Fleet Division, on an as-needed basis for a period of 3 years in the total amount not-to-exceed \$250,000.00.

Funding Source: Undetermined at this time.

### **D. – Consent Agenda**

#### **BC2025-715**

Fiscal Department, presenting proposed travel/membership requests for the week of 11/10/2025:

Department of Sustainability, recommending to amend Board Approval No. BC2025-350 dated 5/7/2025 which authorized Jenita McGowan to attend NACO's Annual Conference on 7/12/2025 – 7/13/2025, to increase the total expenses from \$1,520.00 to \$2,340.00 as detailed below:

Dept:	Department of Sustainability							
Event:	Naco Annual Conference							
Source:	National Association of Counties (NACO)							
Location:	Philadelphia, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jenita McGowan	7/12/2025-7/13/2025	\$620.00	\$60.00	<del>\$350.00</del> \$650.00	\$40.00	<del>\$450.00</del> \$970.00	<del>\$1,520.00</del> \$2,340.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The NACO Annual Conference & Exposition, which will be held at the Pennsylvania Convention center in Philadelphia, Pennsylvania.

Dept:	Medical Examiner's Office							
Event:	Cook County Medical Examiner's Office-CT Scanner Evaluation							
Source:	Medical Examiner							
Location:	Chicago, IL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dr. Thomas Gilson	7/13/2025-7/14/2025	\$0.00	\$0.00	\$120.59	\$42.55	\$0.00	\$163.14	Coroner Lab Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Site visit to evaluate CT scanner.

**BC2025-716**

Department of Purchasing, presenting proposed purchases for the week of 11/10/2025:

**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
25003991	(2) 2025 New Never Titled Chevrolet Express Vans	Department of Public Works	Dave Hallman Chevrolet, Inc	\$102,504.00	General Fund
25004106	(4) Portable generators	Department of Public Works	Leppo Inc. dba Leppo Rents	\$192,550.00	Sanitary Sewer Fund
25004228	(2) 2026 New Never Titled Chrysler Voyagers	Department of Public Works	Kufleitner Automotive, Inc. dba Kufleitner Chrysler Dodge Jeep Ram Truck	\$81,944.00	General Fund
25004187	(1) New Never Title 2026 Chevrolet Equinox	Sheriff's Department	Dave Hallman Chevrolet, Inc.	\$30,320.00	Sheriff Central Security Internal Service Fund
25004310	Dryer repair service for inmate's clothing	Sheriff's Department	Belenky, Inc.	\$13,330.89	General Fund
25004413	Law Enforcement Dress Jackets	Sheriff's Department	Red Diamond Uniform & Police Supply, Inc.	Not-to-exceed \$21,186.00	Federal Equitable Sharing Account
25004418	(1) 2025 New Never Titled Ford F-150 4x4 SuperCrew Truck	Sheriff's Department	Sarchione Ford of Alliance	\$47,500.00	General Fund
25004272	(4) Sets of Magnetic Leak Control Kits for County Hazmat Teams	Department of Public Safety and Justice Services	Rocky Mountain Environmental Ltd.	\$13,692.00	FY23 Urban Area Security Initiative (UASI) Grant
25004356	(1) SWAT special response vehicle for the Sheriff's Department	Department of Public Safety and Justice Services	Kufleitner Automotive, Inc. dba Kufleitner Chrysler Dodge Jeep Ram Truck	\$74,939.00	FY24 Urban Area Security Initiative (UASI) Grant

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25004279	Out-of-home care placement services for the period 9/1/2025-9/30/2025 *	Division of Children and Family Services	Care One Home Health Care Services	\$21,355.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

\*Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed

providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00.

## V- OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

Department of Public Safety and Justice Services, submitting a subgrant award agreement from Ohio Department of Youth Services in the amount of \$200,000.00 for positive youth development services in connection with the FY2025 Juvenile Justice and Delinquency Prevention Title II Formula Block Grant Program for the period 10/1/2025-6/30/2027.

Funding Source: Ohio Department of Youth Services

#### 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	NA	Alliance for HOPE International	Memorandum of Understanding to outline the collaborative roles and responsibilities on the creation and development of Camp HOPE America – Ohio Program and authorize payment of the affiliation fee listed in the MOU	\$3,500.00	Department of Public Safety and Justice Services	1/1/2026 – 12/31/2026	Witness Victim Service Center Health and Human Services Levy Fund	(Executive) 11/5/2025

## VI – PUBLIC COMMENT

## VII – ADJOURNMENT



## Minutes

Cuyahoga County Board of Control

Monday, November 3, 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 11:02 a.m.

#### Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner entered the room at 11:08 a.m.

Joseph Nanni, County Council (Alternate for Michael Houser)

Cynthia Mason, County Council (Alternate for Robert Schleper)

### **II. – REVIEW MINUTES – 10/27/2025**

Michael Dever motioned to approve the minutes from the October 27, 2025, meeting; Joseph Nanni 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**

#### **BC2025-679**

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

Thomas Pavich, Department of Public Works, presented. presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2025-679 was approved by unanimous vote.

#### **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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-680 was approved by unanimous vote.

#### **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

Jessica French, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-681 was approved by unanimous vote.

#### **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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-682 was approved by unanimous vote.

#### **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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-683 was approved by unanimous vote.

#### **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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-684 was approved by unanimous vote.

#### **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

Marie Andel, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-685 was approved by unanimous vote.

#### **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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-686 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-687 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked, related to funding what happens at end of this year? Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-688 was approved by unanimous vote.

#### **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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-689 was approved by unanimous vote.

#### **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.

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2025-690 was approved by unanimous vote.

#### **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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-691 was approved by unanimous vote.

##### **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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-692 was approved by unanimous vote.

#### **D. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-693 through BC2025-696; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

#### **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/ Mileage **	Air ***	Total	Funding Source
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	\$10,000.00	Department of Health and Human Services/ Division of	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



			event being held on 11/22/2025.		Children and Family Services			
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**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Cynthia Mason seconded. The motion to adjourn was unanimously approved at 11:22 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-697**

Title	25004304-Public Works-Bentley-Infrastructure Engineering Software License Renewal-Carashoft Technology Corp.	
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)	25004304	Carahsoft Technology Corp.	12/30/2025- 12/29/2026	\$13,930.00	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.

This request is for the renewal of a government software license subscription for Bentley OpenFlows Hydraulic, OpenFlows Sewer Migration, Microstation and STAAD software to be used by the County Road & Bridge and Sanitary divisions.

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):

County engineers, drafters and surveyors require specialized software to conduct business. This is a renewal to a subscription in place and vetted with the County IT Department and added to IT Standards List.

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):
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Carahsoft Technology Corp. 11493 Sunset Hills Rd. Suite 100 Reston, VA 20190	Alessia Hankins, Account Representative
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a renewal of existing software licenses that's on the IT Standards list.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  NA	<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?  NA	<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: 10/17/2025

☒ Check if item on IT Standard List of approved purchase and provide date of TAC approval. Page 26  
☐ Check if item is ERP related? ☒ No ☐ Yes.

Are the purchases compatible with the new ERP system? ☐ Yes ☐ No, please explain. NA

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.

Road & Bridge Funds - 27% PW270165 54020

Sanitary Sewer Funds - 28% PW715200 54020

Real Estate Assessment Fund - 45% FS305100 54300

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.

PW270165 54020 / PW715200 54020 / FS305100 54300

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):	8.11.25
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Date documents were requested from vendor:	8.11.25
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Date of insurance approval from risk manager:	NA
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Date Department of Law approved Contract:	NA
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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):

Prior Original (O) and subsequent	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-# )						
(O)	24001475	Carahsoft Technology Corp	12/30/2024 – 12/29/2025	\$12,208.00	12/09/2024	BC2024-906

### BC2025-698

Title	Department of Housing and Community Development/ Warner and Swasey, LLC/ Affordable Housing Development Loan	
Department or Agency Name	Housing and Community Development	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	TBD	Warner and Swasey, LLC, or their designee	1/1/2026 – 12/31/2030	\$450,000.00	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.

The Department of Housing and Community Development is requesting approval for Federal HOME Investment Partnership Loan to Warner and Swasey LLC, or their designees, in the amount not to exceed \$450,000.00.

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):

- Construct 140 units for a mixed-used, mixed income-population, historic adaptive reuse of the former Warner and Swasey Manufacturing Plant, located in the City of Cleveland

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):
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Warner and Swasey, LLC 1301 N 31 <sup>st</sup> Street Philadelphia, PA 19121	Timothy Henkel Senior Vice President
Vendor Council District: N/A	Project Council District: 8
If applicable provide the full address or list the municipality(ies) impacted by the project.	5701 Carnegie Avenue Cleveland, OH 44103

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

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.	
<div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="flex: 1;">List date of TAC approval</div> <div style="flex: 1;">Date:</div> </div>	
<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? ☐ 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% HOME FUNDING

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.

HC223135: 58750: DV-20-HOME-PP

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):

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	N/A	Various organizations including Warner and Swasey	n/a	\$2,250,000.00	1/11/2022	R2021-0268D
A	N/A	Various organizations including	n/a	\$2,250,000.00	10/22/2024	R2024-0374

		Warner and Swasey				
O	N/A	Warner and Swasey LLC	n/a	\$3,350,000.00	1/14/2025	R2025-0038
A	N/A	Warner and Swasey LLC	n/a	\$2,900,000.00	8/5/2025	R2025-0251

#### BC2025-699

Title	Housing and Community Development/ Strategic Resources Consulting/ Contract 5675/ 1 year contract Slum Blight Study
Department or Agency Name	Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5675	Strategic Resources Consulting, Inc.	1 year	\$40,100.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Housing and Community Development is requesting approval of a contract, per the chart above, with Strategic Resources Consulting for Slum Blight Study.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase   <input type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Cuyahoga County Department of Housing and Community Development is recommending a contract in the amount not to exceed \$ 40,100.00 for Slum Blight Study:</p> <p>This study will consist of documenting and tracking delapidated properties and/or neighborhoods that meet the definition of “blight”, specifically housing. Herein, blight means “disrepair, vacant and abandoned properties in an area”. Once completed, this study will identify areas within the county that housing programs need to focus on, ideally address nuisances and develop strategies to revitalize areas.</p> <p>This is a HUD required document that justifies where we are expanding our resources in our communities. Furthermore, this will help inform our Housing Plan resulting from our 2025 Cuyahoga Housing Study.</p>



In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: 4415 Euclid Avenue, Cleveland, OH 44115	Owner, executive director, other (specify):
Strategic Resources Consulting 4415 Euclid Ave. Cleveland Ohio 44103	Kenneth Dowell, President
Vendor Council District:	Project Council District:
7	County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County-wide

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Community Development Block Grant
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  HC223165/ 55130/ HC-24-CDBG-ADM
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):
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**BC2025-700**

Title	for Sprout Social Professional Plan Licenses		
Department or Agency Name	Department of Communications		

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):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25004182 EXMT	MNJ Technologies Direct, Inc.	10/16/2025 – 10/15/2026	\$15,520.00	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 Communications on behalf of Communications, Veterans Services and Health & Human Services plans to contract with MNJ Technologies Direct, Inc., for Sprout Social Professional Plan Licenses in the amount of \$15,520.00.

Qty. 1 License for Communications Multimedia  
 Qty. 3 Licenses for HHS Division of Job & Family Services  
 Qty. 1 License for HHS Communications  
 Qty. 1 License for Veterans Services  
 Qty. 1 License for the Board of Elections

Subscription dates 10/16/2025 – 10/15/2026

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

Sprout Social Subscription renewal

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):

Sprout Social is a media monitoring tool used for publishing County content and is primarily utilized for collecting analytics on trends and the impact of Communications messaging. The reports from Sprout Social are utilized by the Communications Department to contribute to the Performance and Innovations Departments' county-wide data collection through the ClearPoint strategy system

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# (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. Purchase is being submitted after the subscription period has started. MNJ Technologies Direct is able to provide Cuyahoga County with joint cooperative contract pricing. Contract NCPA-01-148 expires November 30, 2025.  *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, <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.  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 ☐ No ☐ Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval

Date:

☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.

☐ Check if item is ERP related? ☐ No ☐ Yes.

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.

51% General Fund EX100105, VS100100, BE100100

49% Health & Human Services Levy HS260215, HS260100

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.

17% EX100105 \$2,220.00 General Fund

17% VS100100 \$2,220.00 General Fund

32% HS260195 \$6,660.00 Health & Human Services Levy

17% HS260100 \$2,220.00 Health & Human Services Levy

17% BE100100 \$2,220.00 General Fund

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: The request was delayed because time was needed to collect each department's Sprout Social needs, sort them out alongside the 2026 budget planning, and wait for our reseller to finalize negotiations. Spending a bit longer on that work saved us about 46 % per license.

Timeline

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

9/25/2025 (received by DoIT Business Team)

Date documents were requested from vendor:

09/25/2025

Date of insurance approval from risk manager:

n/a

Date Department of Law approved Contract:

n/a

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

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

Have payments been made? ☒ No ☐ 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.
	24003963 EXMT	MNJ Technologies Direct, Inc.	10/16/2024 – 10/15/2025	\$5,140.00	10/15/2024	BC2024-735

### BC2025-701

Title	Utility Management Licensing Software
Department or Agency Name	Department of Sustainability and the 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 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.
	CM5727 EXMT	EnergyCAP, LLC.	11/01/2025 – 10/31/2028	\$110,379.42	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 Sustainability and the Department of Public Works plan to contract with EnergyCAP, LLC., from November 1, 2025 – October 31, 2028, for Utility Management Licensing Software in the amount of \$110,379.42.

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):

EnergyCAP is a family of energy management and energy accounting software products and services, used for tracking, processing, reporting, benchmarking, and analyzing utility bills and comprehensive energy and sustainability management and reporting. EnergyCAP is able to provide the County with GSA contract pricing, as well as being an industry leader in Utility Management and Bill Capture 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):
EnergyCAP. LLC 360 Discovery Drive Boalsburg, PA 16827	Jamie Herman Director of Account Management & Renewals
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. The contract is being submitted as an exemption due to being late. Additionally, EnergyCAP is providing the County with GSA pricing. All approved joint cooperative purchasing contracts have gone through a competitive process and have been vetted prior to award. This contract was approved through the Federal General Services Administration. JCOP contracts offer Cuyahoga County the opportunity to use the lowest and best pricing awarded under the contract.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract <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: July 17, 2025</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: July 17, 2025
List date of TAC approval	Date: July 17, 2025	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Internal Service 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.  PW750100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The contract was not late at the time of submission; however the BOC approval date will occur after the November 1 start date. A required purchasing form expired and was received after the deadline needed to make the October 27, 2025 BOC agenda deadline. The Department will work with the vendor to obtain needed paperwork well in advance of agenda scheduling.
Timeline



Project/Procurement Start Date (date your team started working on this item):	06/20/2025
Date documents were requested from vendor:	06/20/2025, 06/23/2025, 06/26/2025, 07/07/2025, 07/21/2025, 08/06/2025, 08/13/2025, 09/10/2025, 09/24/2025 (quote was updated)10/22/2025
Date of insurance approval from risk manager:	08/06/2025
Date Department of Law approved Contract:	08/15/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Contract to start 11/01/2025	
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.
	PO24004217	EnergyCAP, LLC.	11/01/2024 – 10/31/2025	\$45,739.11	10/21/2024	BC2024-753

## BC2025-702

Title	PO25003994EXMT- 2025- Procurement of Polarity 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.
	PO25003994EXMT	Threat Connect Inc fka Polarity.io	12.9.2025- 12.8.2026	\$26,400.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Information Technology plans to contract with Threat Connect Inc fka Polarity.io, for procurement of polarity server subscription for term of 12.9.2025- 12.8.2026, in the amount of \$26,400.00.</p> <p>Polarity security server aggregates various products to give targeted alerting and intel on real time data.</p>
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Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): 1. To renew Polarity software 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)	
Vendor Name and address:	Owner, executive director, other (specify):
Threat Connect, Inc 3865 Wilson Blvd, Suite 550 Arlington, VA 22203	Ethan Widrig Sales Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <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. Polarity software has previously been informally bid on multiple occasions, each time through authorized software resellers. One such quote was provided at \$31,095.00, which included a markup from the reseller. Another quote received was for \$40,554.30, representing a markup of over 51%.  Given the significant cost increase when purchasing through resellers, procuring directly from the manufacturer of Polarity software is demonstrably more cost-effective for the County.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input 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:     CTO approval
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  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):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO24004385 EXMT	Polarity.io	12.9.2024-12.8.2025	\$26,400.00	11/4/2024	BC2024-796

#### BC2025-703

Title	PO25004278EXMT- 2025- Procurement of HPE Server, CPUs, memory, storage 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.
	PO25004278 EXMT	AdvizeX Technologies	2025	\$16,925.72	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 AdvizeX Technologies, for procurement of HPE SY480 Gen11 server, including CPUs, memory, storage, controllers, networking components and a 3-year support plan, in the amount of \$16,925.72.</p> <p>This purchase is a mission-critical application that supports essential real property taxation management functions. The current development environment relies on a virtual server that lacks the performance and configuration flexibility required for accurate testing and development.</p>
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To ensure system reliability, performance ability, and streamlined deployment processes, the acquisition of a dedicated physical development database server is required.	
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 HPE Server, CPUs, memory, storage and support 1 HPE SY480 Gen11 Base Module – \$1,792.60 2 Intel Xeon-G 6526Y Processors – \$3,966.30 24 HPE 32GB Memory Modules (RAM) – \$7,879.44 1 HPE SY480 Gen11 Drive-less Kit – \$83.00 2 HPE 480GB NVMe Solid State Drives (SSD) – \$468.94 1 HPE Gen11 Storage Controller Kit – \$149.38 1 HPE 10/20/25Gb Network Adapter – \$344.81 1 HPE Front CPU Heat Sink Kit – \$93.64 1 HPE Rear CPU Heat Sink Kit – \$101.33 HPE Synergy Node Installation Service – \$597.36 3-Year Support for HPE SY480 Gen11 Server – \$1,448.92	

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):
AdvizeX Technologies 6480 Rockside Woods Boulevard Independence, Ohio 44131	Keith McLeod Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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.  AdvizeX is able to provide Cuyahoga County with pricing that is better than what is offered on Ohio STS contract number: 534515, which is considered lowest and best negotiated pricing for this purchase.

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" 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: 1/16/2025</td> </tr> </table> <input checked="" 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: 1/16/2025
List date of TAC approval	Date: 1/16/2025	
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% Real Estate Assessment Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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#### BC2025-704

Title	PO25004319EXMT- 2025- Procurement of high-performance HPE servers, CPUs, memory, storage, network components, and support plan
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.
	PO25004319 EXMT	AdvizeX Technologies	2025	\$134,682.42	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 AdvizeX Technologies, for procurement of high-performance HPE Synergy Gen11 servers, including CPUs, memory, storage, network cards, networking components and support plan, in the amount of \$134,682.42.

Six HPE server compute blades will be installed within the existing Synergy enclosures. These blades will provide the CPU and memory resources supporting the organization's virtualized environments. Three units are

designated for Cleveland to replace end-of-life systems, and three units will be deployed in Columbus to support Security infrastructure expansion.			
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 HPE Server Blades			
HPE SY480 Gen11 Base Server (main compute module)	6	\$1,697.94	\$10,187.64
Intel Xeon Gold 6548Y+ Processor (server CPU)	12	\$4,287.41	\$51,448.92
64GB Memory Module (RAM for servers)	96	\$575.98	\$55,294.08
Drive-less Kit (mounting/filler parts for chassis)	6	\$72.08	\$432.48
480GB NVMe Solid State Drive (fast internal storage)	12	\$229.81	\$2,757.72
Storage Controller Kit (manages M.2 drives)	6	\$142.20	\$853.20
Synergy 4820C 10/20/25Gb Network Adapter	6	\$321.75	\$1,930.50
CPU Front Heatsink Kit (front cooling component)	6	\$87.51	\$525.06
CPU Rear Heatsink Kit (rear cooling component)	6	\$94.47	\$566.82
3-Year Tech Care Essential Service (overall support)	1	\$0.00	\$0.00
3-Year Support for SY480 Gen11 Servers	6	\$1,171.68	\$7,030.08

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):
AdvizeX Technologies 6480 Rockside Woods Boulevard Independence, Ohio 44131	Keith McLeod Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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.  AdvizeX is able to provide Cuyahoga County with pricing that is better than what is offered on Ohio STS contract number: 534515, which is considered lowest and best negotiated pricing for this purchase.  *See Justification for additional information.



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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" 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: 30%;">List date of TAC approval</td> <td>Date:1/16/2025</td> </tr> </table> <input checked="" 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:1/16/2025
List date of TAC approval	Date:1/16/2025	
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.
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Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
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## BC2025-705

Title	Palo Alto Firewall Hardware, Technical Support, and Software Entitlement Subscription
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.
	25004332 EXMT	Nexum, Inc.	Various	\$236,106.19	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 Nexum, Inc., for Palo Alto Firewall Hardware, Technical Support, and Software Entitlement Subscription in the amount of \$236,106.19.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of _____</p>

**Project Goals, Outcomes or Purpose (list 3):**

This request is for the renewal of the hardware and software subscriptions of Palo Alto Firewalls. A Palo Alto firewall is a next-generation firewall (NGFW) that provides advanced network security by inspecting all traffic to prevent known and unknown threats, including malware, ransomware, and sophisticated attacks. Unlike traditional firewalls, it uses a positive enforcement model to allow all desired applications and blocks everything else, providing security that is based on the application, user, and content rather than just port and protocol.

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):
Nexum, Inc. 2901 Carlson Drive Suite 204 Hammond, IN 46323 +1-219-230-5401	Darrell Potie 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. As this purchase is being submitted past the first subscription start date, an approved exemption process is being used for procurement. The Department of Information Technology reached out to Nexum, Inc. for the renewal quote in early July. The manufacturer, Palo Alto, needed to revise SKU numbers, which wasn't completed until October, 2025. This is not a normal part of the renewal process and is not likely to reoccur. The Department will continue to reach out to vendors for renewal quotes in advance of the next subscription start date. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> 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: 10/26/2025</td> </tr> </table> <input checked="" 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.	List date of TAC approval	Date: 10/26/2025
List date of TAC approval	Date: 10/26/2025	
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 IT100140
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: The Department of Information Technology reached out to Nexum, Inc. for the renewal quote in early July. The manufacturer, Palo Alto, needed to revise SKU numbers, which wasn't completed until October, 2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	07/07/2025
Date documents were requested from vendor:	07/07/2025
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	n/a
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
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):
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#### BC2025-706

Title	Standard Computer Refresh	
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 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.
	25004337 STAC	MNJ Technologies Direct, Inc.		\$99,510.00	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, Inc., for Standard Computer Refresh in the amount of \$99,510.00.</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):	
Qty. 18 HP ZBook Mobile Workstations Qty. 18 HP Care Pack Qty. 18 HP ABT Resilience Qty. 18 HP USB Docking Stations Qty. 42 HP Z2 Mini Workstations Qty. 42 HP Care Pack Qty. 42 ABT Resilience	

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, Illinois	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. HP mobile workstations are an approved Department of Information Technology standard, therefore other options for hardware were not evaluated. MNJ Technologies provided a quote using Ohio state term schedule pricing. A competitive process was completed by the State of Ohio resulting in an award made to MNJ Technologies Direct., Inc.. All vendors awarded a state term schedule contract have gone through a competitive process and are vetted and awarded by the State of Ohio. MNJ Technologies Direct, Inc. is able to provide Ohio State Term Schedule pricing to Cuyahoga County under contract # 534486.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date Contract 534486 expires July 2, 2028.

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input checked="" 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.	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.  100% Capital Improvement Plan IT600100
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):
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**BC2025-707**

Title	PO25004339STAC- 2025- procurement of Microsoft SQL Server licenses
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25004339 STAC	Dell Marketing LP	2025	\$45,278.64	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 Dell Marketing LP for procurement of Microsoft SQL Server licenses in the amount of \$45,278.64 for 1-Year.</p> <p>SQL Server Enterprise Core is a two-core license pack for Microsoft's premier SQL Server Enterprise Edition, designed to deliver advanced capabilities for large-scale, high-performance database environments. This license allows organizations to run the most powerful version of SQL Server on two processor cores, providing full support and access to enterprise-grade features.</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>
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Age of items being replaced:	How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3):	
1. Procurement of Microsoft SQL Server licenses	

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Dell Marketing, LP One Dell Way, Round Rock, Texas 78682	Matt Lauer 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. Dell Marketing LP is able to provide Cuyahoga County the requested software using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. Microsoft SQL Server licenses are listed on Cuyahoga County IT Standards. STS#CSP029109 Exp. 6.30.2030  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS#CSP029109 Exp. 6.30.2030  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:1.16.2025</td> </tr> </table>	List date of TAC approval	Date:1.16.2025
List date of TAC approval	Date:1.16.2025	
<input checked="" 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% 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):
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**BC2025-708**

Title	PO25004366EXMT- 2025- Renewal of Bluebeam 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.
	PO25004366 EXMT	MNJ Technologies Direct	6/6/2025- 6/5/2026	\$24,494.00	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, for procurement of Bluebeam Software in the amount of \$24,494.00.

Bluebeam is a comprehensive PDF solution tailored for architecture, engineering, and construction professionals. It streamlines collaboration with markup and annotation tools, enhancing communication on project documents. This software is utilized across DPW and some other agencies that collaborate with DPW on their building projects (IT, Sheriff).

Renewal Term: 6/6/2025- 6/5/2026

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

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

Project Goals, Outcomes or Purpose (list 3):

1. To renew BlueBeam Software Service

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.
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List date of TAC approval	Date: 10.24.2025 CTO approval
<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.	

  

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 67.12% - Road and Bridge Fund                      PW270100 and PW270165 12.33% - Central Custodial Services Fund      PW750100 13.70% - Sanitary Engineer Fund                PW715200 2.74% - Capital Projects Fund                    PW600100 4.11% - General Fund                                IT100135
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. PW270100 PW270165 PW750100 PW715200 PW600100 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The software is submitted late due to an oversight. To prevent similar delays in the future, we are implementing a more rigorous review process of software and their renewal dates and setting earlier internal deadlines to ensure timely submissions.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10.22.2025
Date documents were requested from vendor:	10.22.2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Yes, the services have begun. The software purchase was submitted late due to an oversight. Bluebeam is critical to maintaining project continuity, access could not be interrupted without negatively impacting ongoing work. Bluebeam is utilized across DPW and by partnering agencies such as IT and the Sheriff's Office, ensuring consistency and seamless collaboration on shared building and infrastructure initiatives.	
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.
	PO24000604STAC	MNJ Technologies Direct	5/6/2024-5/5/2025 +1 month grace period from the Vendor	\$21,112.00	5/6/2024	BC2024-338

### BC2025-709

Title	2025; Contract Amendment 5 – RQ 10161; MAXIMUS Human Services Inc., - Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF)		
Department or Agency Name	Cuyahoga 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)	3437	MAXIMUS Human Services, Inc.	1/1/2023 – 12/31/2023	\$2,718,017.12	8/18/2022	R2022-0440
(A-1)	3437	MAXIMUS Human Services, Inc.	1/1/2023 – 12/31/2023	\$141,000.00	7/5/2023	BC2023-417
(A-2)	3437	MAXIMUS Human Services, Inc.	1/1/2024 – 12/31/2024	\$2,823,646.75	12/5/2023	R2023-0328
(A-3)	3437	MAXIMUS Human Services, Inc.	1/1/2025 – 12/31/2025	\$2,823,646.75	12/10/2024	R2024-0422
(A-4)	3437	MAXIMUS Human Service, Inc.	1/1/2025-12/31/2025	\$0.00	7/14/2025	BC2025-454
(A-5)	3437	MAXIMUS Human Services, Inc.	Effective upon signature – 6/30/2026	\$214,410.51	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>Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of a contract amendment 5 with MAXIMUS Human Services Inc. to extend time and to add additional funding to Maximus contract in the amount of \$214,410.51, Effective upon signature – 6/30/2026.</p>	
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>	
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of N/A</p>	
<p>Project Goals, Outcomes or Purpose (list 3):</p> <ul style="list-style-type: none"> <li>• To maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions</li> <li>• Ensure meaningful client participation in required work and work-related activities.</li> <li>• Leverage the resources of the workforce development system in Cuyahoga County.</li> </ul>	

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.</p>	
Vendor Name and address:	Owner, executive director, other (specify):
MAXIMUS Human Services Inc. 1600 Tysons Blvd. Suite 1400 McLean, VA 221022	Bruce Caswell, President and Chief Executive Officer
Vendor Council District:	Project Council District:
Out of State Vendor	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____</p> <p><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input checked="" type="checkbox"/> Formal Closing Date: 8/18/2022</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation: \$2,718,017.08	<input type="checkbox"/> Exemption
<p>Number of Solicitations (sent/received) /</p> <p>Originally, there were three (3) proposals submitted for review, and two (2) proposals approved.</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>Participation/Goals (%): ( ) DBE ( ) SBE</p> <p>( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).</p>

<input type="checkbox"/> No, please explain.  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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP 10161 – Contract Amendment
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
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% Funded by Temporary Assistance for Needy Families
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit: HS260195; Account Number: 55130; Activity Code: UCH08300
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.								
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								
<table border="1"> <tr> <td>Project/Procurement Start Date (date your team started working on this item):</td> <td></td> </tr> <tr> <td>Date documents were requested from vendor:</td> <td></td> </tr> <tr> <td>Date of insurance approval from risk manager:</td> <td></td> </tr> <tr> <td>Date Department of Law approved Contract:</td> <td></td> </tr> </table>	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:	
Project/Procurement Start Date (date your team started working on this item):								
Date documents were requested from vendor:								
Date of insurance approval from risk manager:								
Date Department of Law approved Contract:								
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:								



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

HISTORY (see instructions): See Chart Above
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**BC2025-710**

Title	RQ#10161 – 2026 – The Centers for Families and Children – Contract Amendment - Work Experience Program for Recipients of Ohio Works First (OWF)
Department or Agency Name	Cuyahoga 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	2841 (Original Contract)	The Centers for Families and Children	1/1/2023 – 12/31/2023	\$3,750,000.00	12/6/2022	R2022-0440
A-1	3438 (New Contract)	The Centers for Families and Children	1/1/2023 – 12/31/2023	\$141,000.00	7/5/2023	BC2023-417
A-2	3438	The Centers for Families and Children	1/1/2024 – 12/31/2024	\$3,862,500.00	12/7/2023	BC2023-0328
A-3	3438	The Centers for Families and Children	1/1/2025 – 12/31/2025	\$3,862,500.00	12/10/2024	R2024-0422
A-4	3438	The Centers for Families and Children	1/1/2025 – 12/31/2025	0.00	7/14/2025	BC2025-455
A-5	3438	The Centers for Families and Children	Effective upon signature – 6/30/2026	\$0.00	Pending	Pending

Service/Item Description (include quantity if applicable). Cuyahoga Job and Family Services Work Experience Program for Recipients of Ohio Works First (OWF) is requesting approval of contract amendment 5 with The Centers for Families and Children to extend the time to 6/30/2026 – effective upon signature.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):

- Maintain and employ a current knowledge of effective case management, workforce development services, career pathways, work readiness practices and local labor market conditions.
- Ensure meaningful client participation in required work and work-related activities.
- Leverage the resources of the workforce development system in Cuyahoga County

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 Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44103	Eric Morse, CEO
Vendor Council District:	Project Council District:
07	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input 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. N/A 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:  N/A	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)  RFP 10161 – Contract Amendment 5

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Temporary Assistance for Needy Families
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260195/55130/UCH08300
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above
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# BC2025-711

Title	Triplog Inc. Amendment 2		
Department or Agency Name	Division of Children and Family Services, Division of Senior and Adult Services and Department of Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3892	Triplog Inc.	11/15/2023 – 11/14/2024	\$72,450.00	11/20/2023	BC2023-750
A-1	5081	Triplog Inc	11/15/2024 – 11/14/2025	\$73,412.50	12/2/2024	BC2024-899
A-2	5081	Triplog Inc.	11/15/2025 – 11/14/2026	\$77,018.00	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.

TripLog will provide access to their automated mileage capture app that will reside on each user's smartphone or tablet, coupled with a centrally administered Webportal or Dashboard.

Through this portal managers will be able to easily monitor, approve and report usage of each user.

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):

Receive weekly/monthly summary emails.

Fleet and workforce management with ability to lock-down drivers.

Expense approval management.

Location-based time tracking reports.

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):
Triplog Inc. 22525SE 64 <sup>TH</sup> Place Suite 2268 Issaquah, WA 98027	Tianji He
Vendor Council District: n/a	Project Council District: n/a
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.  *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"/> No <input checked="" 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: 10/12/2023</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 10/12/2023
List date of TAC approval	Date: 10/12/2023	
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. 91% Health and Human Services Levy; 9% Public Works (6% Road and Bridge funds, 3% Facilities)
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. PW270120/54300 \$4050 PW715200/54300 \$1755 HS260110/55130/UCH06100 \$71,213.00
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):
Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:

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

HISTORY (see instructions): see chart above
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### BC2025-712

Title	THRIVEN Program-Touched by Care Consulting, LLC
Department or Agency Name	Division of Children 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	CM 5330	Touched by Care Consulting, LLC	11/30/2024-11/29/2025	\$171,360.00	BC2025-283	4/28/2025
A-1	CM 5330	Touched by Care Consulting, LLC	11/30/2025-11/29/2026	\$128,400.00	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 T.H.R.I.V.E'N (Teaching, Healing, Resilience, Independent Living Skills, Vocational Training &amp; Entrepreneurship) program provides targeted support to foster youth transitioning to adulthood by focusing on self-awareness, vocational training, and independent living skills.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of _____</p>

**Project Goals, Outcomes or Purpose (list 3):**

Youth learn essential, fundamental life strategies of self-awareness, social awareness, entrepreneurship, writing and critical analysis to address the issue of placement preparedness before the transition.

Youth increase verbal communication aptitudes and individual capacity to engage successfully in personal learning and community processes.

Community partners learn appreciative pedagogy and instructional methods that improve healing centered engagement, shared responsibility for a positive living and learning environment and youth success.

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):
Touched by Care Consulting, LLC 3593 Cedarbrook Road Cleveland Hts, Ohio 44118	Jarrett G. Pratt
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.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>N/A</u> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  The vendor (Touched by Care LLC) was providing services as a subcontractor to The Centers. The Centers determined that Touched by Care should contract directly with Cuyahoga County to provide these services. *See Justification for additional information.
The total value of the solicitation: \$171,360.00	<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 checked="" type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 65% Health and Human Services Levy 35% 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. HS215100 56110 UCH05613
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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	



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

HISTORY (see instructions): See chart above

**BC2025-713**

Title	Office of Homeless Services; 2025 Amendment 2 with Place 4 Me Collaborative Services for Alternative Housing and Related Services and Supports for COVID Recovery
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3887	A Place 4 Me Collaborative	1/1/24 – 12/31/24	\$113,395.00	1/2/24	BC2024-21
A-1	3887	A Place 4 Me Collaborative	1/1/25 – 12/31/25	\$0.00	1/6/25	ION-3
A-2	3887	A Place 4 Me Collaborative	1/1/26 – 12/31/26	0.00	Pending	Pending

Service/Item Description (include quantity if applicable).

A Place 4 Me Collaborative is committed to preventing and ending youth homelessness. AP4M was awarded ARPA funding to provide direct client assistance to homeless youth. Client assistance includes youth emergency funding, rental assistance, lodging kits, and furniture bank grants.

This is a second amendment for time only, extending the term through 12/31/26.

No additional funds needed.

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? N/A

Project Goals, Outcomes or Purpose (list 3):

Provide emergency funds for youth for items including utility bills, transportation assistance, court costs, and other housing-related fees.

Rental assistance including payments for back rent or security deposits

Provide lodging kits with essential household items and furniture bank grants for youth moving into new housing units

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):
A Place 4 Me Collaborative 4100 Franklin Blvd. Cleveland, OH 44113	Kate Lodge Executive Director
Vendor Council District:	Project Council District:
District 7	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  This is an extension of for time only to allow provider additional time to use ARPA client assistance funds.  *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:  N/A	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input checked="" type="checkbox"/> Contract Amendment (list original procurement)  A Place 4 Me was originally awarded funding through RFP 8737 as a program of the YWCA Greater Cleveland.

	AP4M split from the YWCA and a new contract was issued to AP4M using an exemption.
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: i.e. General Fund, Health and Human Services Levy Funds, Community Development Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source. 100% by General Fund – ARPA Revenue Replacement/Provision of Government Services
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. FS100500 / 55130 / FS-21-ARP-LFRF
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Project is currently underway	
Is contract 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 be made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
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**C.- Exemptions****BC2025-714**

TITLE	Public Works – Fleet- Division – Procurement of Used Vehicles	
DEPARTMENT OR AGENCY NAME	Department of Public Works	
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement	
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is requesting an alternative procurement process for the release of an informal Request for Qualification (RFQ) to be used to identify qualified vendors that can supply used vehicles to the County’s Fleet Division, on an as-needed basis. The RFQ will focus on qualifying factors including vendor location, age and make of available vehicles, milage, inventory hold capabilities, etc., that will be factored into a mini-bid process to determine future awarded purchase orders.	
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.	

**D. - Consent Agenda****BC2025-715**

(See related items for proposed travel/memberships for the week of 11/10/2025 in Section D above).

**BC2025-716**

(See related items for proposed purchases for the week of 11/10/2025 in Section D above).

## V – OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

TITLE	PSJS; Ohio Department of Youth Services; Request to Accept Grant Award for Title II Formula Grant, Juvenile Justice and Delinquency Prevention Block Award to Cuyahoga County for the period 10/1/2025 – 6/30/2027, in the amount not to exceed \$200,000.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice 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).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Title II Formula Grant, for Juvenile Justice and Delinquency Prevention	10/1/2025-6/30/2027	\$200,000.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Title II Juvenile Justice and Delinquency Prevention (JJDP) Act Grant provides an annual grant to each state to improve its juvenile justice system and to support juvenile delinquency prevention programs. JJDP is based on a broad consensus that children, youth, and families involved with the juvenile and criminal courts should be guarded by federal				

	standards for care and custody, while also upholding the interests of community safety and the prevention of victimization.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Positive Youth Development (PYD) Programs that use a “prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive.
	Positive Youth Development (PYD) Recognizes, utilizes, and enhances young people’s strengths/ and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on leadership strengths.
	Racial and Ethnic Disparities (RED) programs that reduce and/or prevent a minority youth from engaging in delinquent behavior leading to subsequent contact with the juvenile justice system.

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

LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	
PROJECT COUNCIL DISTRICT:	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Youth 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. 2

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

## VI – PUBLIC COMMENT

## VII – ADJOURNMENT