



**Cuyahoga County Board of Control Agenda
Monday, November 24, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 11/17/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-732

Department of Public Works, submitting an amendment to Contract No. 4675 with Infinity Construction Co., Inc. for the Cuyahoga County Veterans Service Commission Headquarters Relocation for the period 6/27/2024 through project completion, to expand the scope of services and for additional funds in the amount not-to-exceed \$172,962.34 which includes an additional contingency fee of \$50,000.00, effective upon signatures of all parties.

Funding Source: Capital Projects - General Fund

BC2025-733

Department of Public Works, submitting a Preliminary Engineering Agreement with Wheeling & Lake Erie Railway Company (via Contract No. 5711 for rehabilitation of McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights in the estimated amount of \$12,000.00.

Funding Source: Road and Bridge Fund

BC2025-734

Department of Information Technology on behalf of Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Western Reserve Systems Group, LLC in the amount not-to-exceed \$40,000.00 for maintenance, feature enhancement,

and integration support services for the Witness Victim Application interface, effective upon signatures of all parties through 2/15/2026.

- b) Recommending an award and enter into Contract No. 5749 with Western Reserve Systems Group, LLC in the amount not-to-exceed \$40,000.00 for maintenance, feature enhancement, and integration support services for the Witness Victim Application interface, effective upon signatures of all parties through 2/15/2026.

Funding Source: Health and Human Services Levy Fund

BC2025-735

Sheriff's Department, submitting an amendment to Agreement No. 3917 with Cuyahoga Community College, Public Safety Training Center for rental of space at the Firearms Range, located at 11000 W. Pleasant Valley Road, Parma, for use by Deputies for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2027, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$84,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-736

Medical Examiner's Office, submitting an amendment to Contract No. 3587 with Cybergenetics for annual software maintenance and support services on the TrueAllele Casework System for the period 7/26/2023 7/25/2026 to extend the time period to 12/31/2028, to expand the services, effective 1/1/2026 and for additional funds in the amount not-to-exceed \$90,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-737

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting an agreement with City of Cleveland in the amount not-to-exceed \$73,520.00 for reimbursement of eligible expenses related to laboratory testing services conducted by the Medical Examiner's office in connection with the FY2021 Sexual Assault Kit Initiative Grant for the period 10/1/2023 – 9/30/2025.

Funding Source: Revenue Generating

C. – Consent Agenda

BC2025-738

Fiscal Department, presenting proposed travel/membership requests for the week of 11/24/2025:

Dept:	Department of Public Works
Event:	2026 NACE Annual Conference
Source:	CEAO and NACE
Location:	Arlington, TX

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Dave Ray	4/11/2026- 4/16/2026	\$845.00	\$244.00	\$1,245.00	\$343.05	\$506.96	\$3,184.01	Road and Bridge

*Paid to host

**Staff reimbursement

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

Purpose:

Conference with National County Engineers of the National Association of County Engineers (NACE). The conference will include sessions to maintain continuing education credits for my professional Engineer's license.

Dept:	Department of Communications							
Event:	FY26 Federal Emergency Management Agency Executive Public Information Officer Program							
Source:	Federal Emergency Management Agency							
Location:	Emmitsburg, MD							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Jennifer Ciaccia	12/7/2025- 12/13/2025	\$0.00	\$300.00	\$0.00	\$60.00	\$275.00	\$635.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

I was recently accepted into the FY26 Federal Emergency Management Agency Executive Public Information Officer Program (EPIOP). The EPIOP is designed to prepare public information officers for executive-level leadership roles, with a strong emphasis on becoming trusted advisors within an organization. Through intensive coursework and peer collaboration, the program also enhances the student's ability to influence programs and policy through strategic communication and advanced networking. Students will also contribute to the national body of knowledge for public information.

Dept:	Department of Communications							
Event:	Meetings with Congressional Leadership							
Source:	United States Congress							
Location:	Washington, DC							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Razum	12/4/2025 - 12/4/2025	\$0.00	\$60.00	\$0.00	\$40.00	\$750.00	\$850.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Executive Ronayne and Deputy Chief of Communications, David Razum will travel to Washington DC to attend meetings with congressional leadership related to Federal Government investment in Cuyahoga County.

Dept:	County Executive's Office							
Event:	Meetings with Congressional Leadership							
Source:	United States Congress							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	12/4/2025- 12/4/2025	\$0.00	\$60.00	\$0.00	\$40.00	\$750.00	\$850.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Executive Ronayne and Deputy Chief of Communications, David Razum will travel to Washington DC to attend meetings with congressional leadership related to Federal Government investment in Cuyahoga County.

BC2025-739

Department of Purchasing, presenting proposed purchases for the week of 11/24/2025:

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
--------------------------	-------------	------------	-------------	-------	----------------

25004499	(6,000 tons) Various types of Limestone and (20 each) Mason Sand and Type A Rip Rap Stones	Department of Public Works	RAR Contracting Company Inc.	Not-to- exceed \$200,000.00	Sanitary Sewer Fund
----------	--	----------------------------	------------------------------	-----------------------------	---------------------

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25004281	Out-of-home care placement services for the period 7/1/2025-7/31/2025*	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$36,750.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004554	Out-of-home care placement services for the period 10/1/2025-10/31/2025*	Division of Children and Family Services	Excel Beyond Limits	\$28,675.00	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

Court of Common Pleas/Juvenile Court Division, submitting a revised Grant Agreement with Ohio Department of Children and Youth in the amount of \$3,000,000.00 for reimbursement of Title IV-E eligible expenses for foster care placement and maintenance for the period 7/1/2025 – 6/30/2027 to remove the Ohio Department of Medicaid (“ODM”) as a named party to the Grant Agreement.

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

Item No. 2

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting a grant application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$360,920.00 for the FY25 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2025 – 9/30/2027.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR) - Formula Grants Program

Item No. 3

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting a grant application to the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$400,000.00 for the purchase of a Virtual Comparison Microscopy System for the Regional Forensic Science Laboratory Firearms Unit in connection with the FY25 Paul Coverdell Forensic Science Improvement - Competitive Grants Program for the period 10/1/2025 – 9/30/2028.

Funding Source: U.S Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 BJA Paul Coverdell Forensic Science Improvement – Competitive Grants Program

Item No. 4

Department of Public Safety and Justice Services, on behalf of the Office of the Medical Examiner, submitting a grant application to State of Ohio, Office of Criminal Justice Services in the amount of \$67,000.89 for professional and continuing education and other related essentials to maintain accreditation for staff in connection with the FY25 Paul Coverdell Forensic Science Improvement Formula Grant Program for the period 1/1/2026 – 12/31/2026.

Funding Source: U.S Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 BJA Paul Coverdell Forensic Science Improvement – Formula Grants Program

Item No. 5

Department of Health and Human Services/Division of Children and Family Services, submitting a Subgrant Award Agreement from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$426,044.07 for the Cleveland Christian Home (H.O.P.E. Campus) Integrated Health and Wellness program for Multi-System Youth in connection with State Crisis Intervention Program Grant for the period 2/1/2025 - 12/31/2026.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services

Item No. 6

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	3809	City of Euclid	For tenant-based rental assistance services in connection with the American Rescue Plan for HOME Investment Partnerships Program	\$0.00	Department of Housing and Community Development	10/1/2023-9/30/2025 to extend the time period to 6/30/2026	(Original) HOME-APR Fund	(Executive) 11/14/2025 (Law) 11/19/2025

NA	5629 (fka 4921, 2525)	Applewood Centers, Inc.	For emergency respite and crisis bed services for youth referred by the Coordinated Approach to Misdemeanors (CALM) Program	For a decrease of funds in the amount of (\$509,511.43) to modify the terms of Subsection V.B which represents monthly reimbursement, effective 7/1/2025	Court of Common Pleas/ Juvenile Court Division	7/1/2021-6/30/2026	(Original) RECLAIM Grant	(Executive) 11/14/2025
NA	NA	After The Dream Productions Inc.	Memorandum of Understanding in connection with the audio/visual production entitled "Hoop Dreams: After the Dream"	\$0.00	Court of Common Pleas/ Juvenile Court Division	11/26/2025- project completion	NA	(Executive) 11/18/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2025-0223	Rehabilitation of Warrensville Center Road from Maple Heights NCL to Wickfield Avenue in the City of Warrensville Heights, Village of Highland Hills, and the Village of North Randall - Council District 9 Meredith Turner	\$5,700,000.00		70% Federal Funds (\$4,000,000.00) 15% Road and Bridge Fund (\$850,001.00) 10% City of Warrensville Heights (\$550,537.00) 4% Village of North Randall (\$228,955.00) 1% Village of Highland Hills (\$70,507.00)	(Executive) 11/14/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, November 17, 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 11:01 a.m.

Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

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

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 11/10/2025

Michael Chambers motioned to approve the minutes from the November 10, 2025, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-717

Department of Public Works, recommending an award and enter into Contract No. 5735 with Nachurs Alpine Solutions, LLC in the amount not-to-exceed \$200,000.00 for a joint cooperative purchase and delivery of runway deicing supplies for the County Airport for a period of 3 years, effective upon signatures of all parties.

Funding Source: Airport Operations Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-717 was approved by unanimous vote.

BC2025-718

Department of Public Works, recommending an award on RQ16289 and enter into Contract No. 5746 with Therma Holdings, LLC dba 360 Warehousing (22-6) in the amount not-to-exceed \$210,645.00 for handling and storage services for photovoltaic solar modules, for a period of 12 months, effective upon signatures of all parties.

Funding Source: U.S. EPA Climate Pollution Reduction Grant

Jessica French, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-718 was approved by unanimous vote.

BC2025-719

Department of Housing and Community Development, recommending an award and enter into Agreement No. 5716 with City of Cleveland Heights in the amount not-to-exceed \$218,961.00 for allocation of FY2018 HOME Funds for various eligible HOME Program activities for the period 5/1/2025 - 12/31/2025.

Funding Source: HOME Funds

Kellie Glenn, Department of Housing and Community Development, presented. Michael Houser asked is this for fiscal year 2018 or is this for homes that have been done recently. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-719 was approved by unanimous vote.

BC2025-720

Fiscal Department entering into an agreement with various municipalities within the County to pay the costs associated with counsel assigned to represent indigent persons charged with violations of the ordinances of the municipal corporation in a total amount not to exceed \$500,000.00 for the period 1/1/2026 - 12/31/2026.

Funding Source: General Fund 82% reimbursed by Office of the Ohio Public Defender and 18% to be reimbursed by the municipality

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-720 was approved by unanimous vote.

BC2025-721

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Bugcrowd Inc. in the amount not-to-exceed \$28,000.00 for a 1 year subscription to BugCrowd's Security Awareness Music and Spoken Video Training Library for (5,000) users, effective upon signatures of all parties.
- b) Recommending an award on Purchase Order No. 25004333 to Bugcrowd Inc. in the amount not-to-exceed \$28,000.00 for a 1 year subscription to BugCrowd's Security Awareness Music and Spoken Video Training Library for (5,000) users, effective upon signatures of all parties.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-721 was approved by unanimous vote.

BC2025-722

Department of Information Technology, recommending an award on Purchase Order No. 25004372 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$49,200.00 for a state contract purchase of (100) each HP Thunderbolt docks, and monitors.

Funding Source: Capital Improvement Plan

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked what is the cadence in which you replace some of this hardware; asked is this kind of on a schedule. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-722 was approved by unanimous vote.

BC2025-723

Department of Information Technology, recommending an award on Purchase Order No. 25004438 with Integrated Precision Systems in the amount not-to-exceed \$222,912.71 for a state contract purchase, installation and programming of (167) replacement security cameras for the Justice Center.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-723 was approved by unanimous vote.

BC2025-724

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cross Thread Solutions LLC in the amount not-to-exceed \$40,996.00 for document translation services for the period 8/1/2025 – 12/31/2025.
- b) Recommending an award and enter into Contract No. 5595 with Cross Thread Solutions LLC in the amount not-to-exceed \$40,996.00 for document translation services for the period 8/1/2025 – 12/31/2025.

Funding Source: 75% Violence Against Women Act Grant and 25% General Fund

Erjon Kadriu, Court of Common Pleas/Domestic Relations Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-724 was approved by unanimous vote.

BC2025-725

Medical Examiner's Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to GenTech Scientific LLC in the amount not-to-exceed \$15,289.00 for repairs and (1) preventative maintenance visit on the Thermo TSQ Vantage LC/MS System.
- b) Recommending an award on Purchase Order No. 25004267 with GenTech Scientific LLC in the amount not-to-exceed \$15,289.00 for repairs and (1) preventative maintenance visit on the Thermo TSQ Vantage LC/MS System.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-725 was approved by unanimous vote.

BC2025-726

Department of Health and Human Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to The Center for Community Solutions in the amount not-to-exceed \$300,000.00 for operational support and fiscal agent services on behalf of the AIDS Funding Collaborative for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 5687 with The Center for Community Solutions in the amount not-to-exceed \$300,000.00 for operational support and fiscal agent services on behalf of the AIDS Funding Collaborative for the period 1/1/2026-12/31/2027.

Funding Source: Health and Human Services Levy Fund

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked presenter to share a couple of services or what are some of the gaps that this funding would be supporting or closing. The Presenter will follow up. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-726 was approved by unanimous vote.

BC2025-727

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council, submitting an amendment to Contract No. 4038 with The Ohio State University on behalf of The Ohio State University Extension for planning, coordinator and facilitator services for the Youth Advocacy and Leadership Coalition of Cuyahoga County for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2027, and for additional funds in the amount not-to-exceed \$290,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-727 was approved by unanimous vote.

BC2025-728

Department of Health and Human Services/Community Initiatives Division/Office of Re-entry, recommending an award and enter into Contract No. 5734 with Third Sector Capital Partners, Inc. (27-5) in the amount not-to-exceed \$100,000.00 for consulting services to assist the Office of Reentry in establishing a Reentry Coalition, effective upon signatures of all parties through 9/30/2026.

Funding Source: Health and Human Services Levy Funds

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-728 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-729 through BC2025-731; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2025-729

Department of Purchasing on behalf of the Department of Public Works, declaring various property as surplus County property no longer needed for public use; recommending selling said property via internet auction, in accordance with Ohio Revised Code Section 307.12(E).

Funding Source: Revenue Generating

BC2025-730

Fiscal Department, presenting proposed travel/membership requests for the week of 11/17/2025:

Dept:	Health and Human Services							
Event:	2025 Midwest Border Training Workshop							
Source:	Indiana Prosecuting Attorneys Council							
Location:	Middlebury, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alison Donze	11/18/2025-11/20/2025	\$0.00	\$54.00	\$430.00	\$328.87	\$0.00	\$812.87	76% Federal/State reimbursement and 24% Health and Human Services Levy

Maggie Jarus	11/18/2025-11/20/2025	\$0.00	\$54.00	\$430.00	\$0.00	\$0.00	\$484.00	76% Federal/State reimbursement and 24% Health and Human Services Levy
--------------	-----------------------	--------	---------	----------	--------	--------	----------	--

*Paid to host

**Staff reimbursement

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

Purpose:

The 2025 Midwest Border Training Conference gives the employees of OCSS in the interstate unit an opportunity to learn and enhance their knowledge in various areas such as statutory responsibilities. This conference is an opportunity to network and discuss best practices with colleagues from other States.

BC2025-731

Department of Purchasing, presenting proposed purchases for the week of 11/17/2025:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25004378	Rock salt on an as needed bases for 2025 Winter Season*	Department of Public Works	Cargill Incorporated	Not-to-exceed \$30,000.00	General Fund
25004421	Factory Authorized – Engine replacement on 2015 Ford F450 Super truck**	Department of Public Works	Sarchione Ford of Alliance	\$14,783.79	Sanitary Sewer
25004443	Automotive Repair – Mechanical, body and paint repairs on 2023 Dodge Durango***	Department of Public Works	Premier Auto Body & Collision Center, LLC	\$19,204.34	General Fund

*Approval No. BC2025-470, dated 7/21/2025, which approved an alternative procurement process, which will result in a participation agreement with the City of Brecksville Purchasing Consortium in the amount not-to-exceed \$30,000.00 for the purchase of sodium chloride (rock salt) for the period 11/1/2025 – 10/31/2026.

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

***Approval No. BC2025-536 dated 8/18/2025, which amended BC2023-513, dated 8/14/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various vendors for the purchase of various automotive repairs services in connection with vehicles involved in an accident for the Fleet Division on an as-needed basis for the period

8/14/2023 – 8/15/2025 to extend the time period to 8/13/2026 and to change the total not-to-exceed amount from \$125,000.00 to \$200,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Public Works, submitting a Master Agreement of Cooperation with various municipalities for FY2025 pavement preventative maintenance services in connection with various road projects:

- a) City of Cleveland Heights - Superior Road from Euclid Avenue to Lee Road
- b) City of East Cleveland - Superior Road from Euclid Avenue to Lee Road
- c) City of Warrensville Heights – Green Road from Miles Road to Emery Road

Funding Source: Road and Bridge Fund

Item No. 2

Department of Public Works, submitting an amendment to a grant agreement with Northeast Ohio Regional Sewer District for Fitch Road Sanitary Sewer Extension Project in connection with Member Community Infrastructure Grant Program for the period 1/1/2025 through project completion, to change the prior funding source of 52% non-District matching funds to 32% non-District matching funds; no additional funds required.

Funding Source: 32% non-District matching funds

Item No. 3

Court of Common Pleas/Corrections Planning Board, submitting a Grant Agreement from the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County in the amount of \$729,005.40 for alcohol and other drug assessment, case management and intensive outpatient treatment services in connection with the SFY2026 Treatment Alternatives to Street Crime Program (TASC) for the period 7/1/2025 – 6/30/2026.

Funding Source: Ohio Department of Mental Health and Addiction Services pass-through to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS)

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
6906	5747 (fka 2318)	PCs for People Ohio, LLC	For the deployment of broadband services in Cuyahoga County to	0.00	Office of Innovation & Performance	06/16/2022 – 06/16/2025 to extend the	(Original) General Fund-	(Executive) 11/10/2025 (Law)

			update insurance requirements, effective upon signatures of all parties.			time period to 3/31/2026	American Rescue Plan Act (ARPA) Fund	11/12/2025
NA	5326 (fka 4157 & 2985)	Justice Innovation, Inc., dba Center for Justice Innovation (fka Center for Court Innovation)	Provide project planning services for the development, implementation and evaluation of the Parenting After Violence (PAVE) Curriculum Development Program to amend terms, effective upon signatures of all parties.	0.00	Court of Common Pleas/ Domestic Relations Court Division	12/1/2022 – 6/30/2026	(Original) 50% State Justice Institute Project Grant and 50% Ohio State Bar Foundation Grant	(Executive) 11/10/2025 (Law) 11/10/2025
NA	3970	The MetroHealth System	for Correctional Health Care Services	0.00	Sheriff's Department	5/9/2019 – 10/31/2025 to extend the time period to 4/1/2026 effective 11/1/2025	(Original) General Fund	(Executive) 10/31/2025 (Law) 10/31/2025
NA	5116 (fka 4877)	Practical Solutions for Public Safety	For staff analysis	0.00	Sheriff's Department	11/14/2024 – 11/13/2025 to extend the time period to 3/14/2026, effective upon signatures of all parties.	(Original) General Fund	(Executive) 11/10/2025 (Law) 11/6/2025

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0183	Replacement of Sheldon Road Bridge 01.61 over Lake Abrams Ditch in the Cities of Brook Park and Middleburg Heights- Council Districts 2 and 4	\$7,219,559.00		69% Northeast Ohio Regional Sewer District (\$4,997,603.00) 21% County Road and Bridge (\$1,500,000.00) 5% Middleburgh Heights (\$360,978.00) 5% Brook Park (\$360,978.00)	(Executive) 11/10/2025 (Law) 11/12/2025

Item No. 5

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 10/1/2025 -10/31/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “11/17/2025 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

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

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-732

Title	CUYAHOGA COUNTY VETERANS SERVICE COMMISSION HEADQUARTERS RELOCATION		
Department or Agency Name	Department of Public Works		
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4675	Infinity Construction Co. Inc.	6/27/2024 – Project Completion	\$8,316,000.00	8/7/2024	R2024-0299
Amendment #1	CM4675	Infinity Construction Co. Inc.	6/27/2024 – Project Completion	\$172,962.34	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 project consists of the alteration of the existing building and site located at 3950 Chester Avenue, Cleveland, Ohio 44114. Site work includes the reconstruction of the existing parking lot, installation of new underdrain system and catch basins, perimeter fencing, concrete stairs and metal railings, concrete curbs and sidewalks, asphalt paving, site lighting, electrical rough-in for future EV charging stations.

Exterior building alterations include, but are not limited to, the replacement of the existing roof, and replacement of the existing storefront doors and glazing at the Chester Avenue building entrance.

Interior building alterations of the first and second floors include, but are not limited to, the demolition of existing offices, restrooms, garage mezzanine structure, ceilings, and finishes. Construction includes a new secure entrance from the parking lot including new storefront system, new offices, training room, restrooms, shower rooms, staff and visitor support spaces, and elevator modernization

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): Complete the alterations of the exterior and interior of the existing building and site located at 3950 Chester Avenue, Cleveland, Ohio.

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):
Infinity Construction Co. Inc. 18440 Cranwood Pkwy, Cleveland, Ohio 44128	Charles A. Izzo -President
Vendor Council District:	Project Council District:
District 9	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14327 <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$122,962.34	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / Amendment #1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

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

Provide status of project. On going project working on schedule.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/16/2024
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

Have payments been made? ☐ No ☐ Yes (if yes, please explain)
 Payments have been made on project after verification of completion

HISTORY (see instructions): see chart above

BC2025-733

TITLE	Wheeling & Lake Erie Railway Company, Preliminary Engineering Agreement (via Contract No. 5711) for the Rehabilitation of McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Public Convenience and Welfare <input checked="" type="checkbox"/> Agreements related to Public Convenience and Welfare <input type="checkbox"/> Amendments to Agreements related to Public Convenience and Welfare
------------------	--

PROJECT DESCRIPTION:	<p>The primary goal is for the approval of the preliminary engineering agreement with W&LE, allowing Public Works to rehabilitate Rockside Road Bridge 03.23 over Mill Creek in the Cities of Garfield Heights and Maple Heights.</p> <p>Finding that special assessments will neither be levied nor collected to pay for any part of the County's costs of said improvement.</p> <p>Requesting authority for the County Executive to enter into and execute the necessary agreement(s) of cooperation with: Wheeling & Lake Erie Railway Company</p> <p>Project part of NOACA TIP: N/A</p>
ADDITIONAL INFORMATION (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT(S):	Council District 8
PROJECT ANTICIPATED START/END DATES	It is anticipated to start in the Spring of 2028 and be completed in the Fall of 2028
TOTAL PROJECT COST:	\$12,000 (PE Agreement Cost)

FUNDING SOURCE:	<p>Is funding for this included in the approved budget?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):</p> <p>Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.</p> <p>100% County Road & Bridge</p>
-----------------	---

PROJECT'S CURRENT/HISTORICAL INFO	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL PUBLIC CONVENIENCE AND WELFARE	10-14-2025	R2025-0267

AMENDMENT PUBLIC CONVENIENCE AND WELFARE		
AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		
AMENDED AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		

BC2025-734

Title	Maintenance, Feature Enhancement, and Integration Support Services for the Witness Victim Application Interface Upgrade
Department or Agency Name	Department of Information Technology on behalf of Public Safety & Justice Services Division of Witness Victim Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	CM5749	Western Reserve Systems Group, LLC	effective upon signatures of all parties - 02/15/2026	\$40,000.00	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 Information Technology on behalf of Public Safety & Justice Services Division of Witness Victim Services plans to contract with Western Reserve Systems Group, LLC, for Maintenance, Feature Enhancement, and Integration Support Services for the Witness Victim Application Interface Upgrade in the amount of \$40,000.00.

Indicate whether: ☒ New service/purchase ☐ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
New contract with vendor to upgrade the Witness Victim application.

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):

AIS Witness Victim is a custom application used by the Witness Victim division of Public Safety & Justice Services. This application needs software lifecycle updates that total \$40,000.00. This work includes updates to correct known bugs and improved functionality. This effort will also update the version of code framework that

this application uses, which is helpful for improved software security. The original contract was processed in 2012 with subsequent amendments through 2015.- The last application upgrade was completed in 2020

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):
Western Reserve Systems Group, LLC PO Box 970 Hudson, Ohio 44236	Keith Curley 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. This is custom software originally developed by Mainsail, in which Western Reserve Systems Group was a sub-contractor. Using a vendor who is familiar with the application to implement the lifecycle changes will allow streamlined implementation, and provide an opportunity to reduce the introduction of additional risk *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 type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Health and Human Services Levy Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input 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. 100% PJ325100 55130 Victim Assistance
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

BC2025-735

Title	CM#3917, Cuyahoga Community College, Range Rental extend for time 1/1/2026-12/31/2027 and additional funding \$84,000.00
Department or Agency Name	Sheriff
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	3917	Cuyahoga Community College	1/1/2024- 12/31/2025	\$66,000.00	11/20/2023	BC2023-746
A-1	3917	Cuyahoga Community College	1/1/2026- 12/31/2027	\$84,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Range Rental agreement with Cuyahoga Community College.

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):

Range rental is required for deputies to maintain firearm certification and proficiency. The Sheriff's Department utilizes Cuyahoga County Community College's range due to the proximity to the Sheriff's Department and the availability time for rental.

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

Vendor Name and address:	Owner, executive director, other (specify):
CUYAHOGA COMMUNITY COLLEGE 11000 PLEASANT VALLEY RD. PARMA, OH 44130	The Coordinator for the contractor/vendor is Carrie Havens
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) _____ / _____	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Governmental Purchase <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. 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. SH100115
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

HISTORY (see instructions):

BC2025-736

Title	CM#3587 1 st Amendment for annual support and maintenance for TrueAllele Casework Technology, with Cybergenetics Corp. for period 1/1/2026 thru 12/31/2028 for amount not to exceed \$90,000.00.
Department or Agency Name	
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.
0	3587	Cybergenetics	7/26/2023 – 7/25/2026	\$75,000.00	7/24/2023	BC2023-461
A-1	3587	Cybergenetics	1/1/2026 – 12/31/2028	\$90,000.00	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable).</p> <p>Annual support and maintenance for TrueAllele Casework Technology for period 1/1/2026 thru 12/31/2028. TrueAllele Casework enables analysts to produce accurate results on previously unsolvable DNA evidence.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Maintenance - software upgrades and on-call assistance.</p> <p>Support - seminars, webinars and review sessions.</p>

Validation - assisted or independent review.
--

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):
Cybergenetics Corp. 160 N Craig Street Pittsburgh, PA15213	Ria David, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a contract 1 st amendment on CM3587. Original contract CM3587 Sole Source award on RQ12634 approved 7/24/2461 BC2023-461 for 3-year period. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
--	---

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. ME100105 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-737

TITLE	PSJS on behalf of the Medical Examiner's Office; Agreement between the City of Cleveland and the Cuyahoga County Medical Examiner's Office; FY2021 Sexual Assault Kit Initiative Grant Sub-Award Agreement; October 1, 2023 - September 30, 2025; \$73,520.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY2021 Sexual Assault Kit Initiative Grant	October 1, 2023 - September 30, 2025	\$73,520.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services on behalf of the Medical Examiner's Office seeking approval of accepted a grant subaward from the City of Cleveland for the FY2021 Sexual Assault Kit Initiative Grant. The purpose of this grant is to perform additional forensic analyses to make a case for the purpose of solving sexual assaults and sexually motivated homicides. The performance period was October 1, 2023 - September 30, 2025 for \$73,520.00. Public Safety was just made aware of this sub-grant award and is seeking approval in order to request reimbursement from the City of Cleveland for grant-related overtime hours that were completed within the grant period by Medical Examiner's Office staff.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Consult with the Prosecutor's Office and provide guidance on forensic samples.				
	Identify if forensic samples are eligible for CODIS.				

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:	All districts/municipalities
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All districts/municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Revenue Generating contract with the City of Cleveland
	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.

C. - Consent Agenda

BC2025-738

(See related items for proposed travel/memberships for the week of 11/24/2025 in Section C above).

BC2025-739

(See related items for proposed purchases for the week of 11/24/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

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

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
--	--

<p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
--	---

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	DCY	7/1/2025 – 6/30/2027	\$3,000,000.00	CON2025-89	10/20/2025
AMENDMENT (A1)	DCY	7/1/2025 – 6/30/2027	\$3,000,000.00	PENDING	PENDING
DESCRIPTION/ EXPLANATION OF THE GRANT:		Requesting signature for revised sub-agreement with Ohio Department of Children and Youth which removes the Ohio Department of Medicaid (ODM) as a party of this agreement due to changes to system access and protocols.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Ensure infants reach their first birthday by decreasing infant mortality.			
		Ensure children are ready for kindergarten by increasing kindergarten readiness assessment scores.			
		Ensure children remain in environments that are familiar and safe by decreasing the number of children/youth entering the foster care system.			

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

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

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

Item No. 2

TITLE	PSJS on behalf of CCMEC – Grant Application - BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program - \$360,920.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services on behalf of the Medical Examiner's Office

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program	10/1/2025-9/30/2027	\$360,920.00		
AMENDMENT (A-1)					
AMENDMENT (A-2)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services on behalf of the Medical Examiner's Office is applying to the grant opportunity titled BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program. The purpose of the grant is to increase the capacity of DNA sample analysis at the Regional Forensic Science Laboratory which is the primary accredited DNA Analysis Laboratory for Cuyahoga County and the region. The award will provide the DNA laboratory grant funding to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of forensic DNA samples. The grant's period of performance is projected for the period 10/1/2025 through 9/30/2027 and the award amount will be approximately \$360,920.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Process forensic DNA samples by increasing the capacity through the proposed purchase of supplies for backlogged cases.
	Reduce turnaround time, increase throughput, reduce the number of forensic DNA samples awaiting analysis, and/or to prevent a backlog of forensic DNA samples
	Increase knowledge of current practices in the scientific DNA field.

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:	All Council Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All Council Districts & Municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 Formula DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	PSJS on behalf of CCMEC – Grant Application – BJA FY25 Paul Coverdell Forensic Science Improvement – Competitive Grants Program - \$400,000.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services on behalf of the Medical Examiner's Office

<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 checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input 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>
---	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	BJA FY25 Paul Coverdell Forensic Science Improvement – Competitive Grants Program	10/1/2025-9/30/2028	\$400,000.00		
AMENDMENT (A-1)					
AMENDMENT (A-2)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services on behalf of the Medical Examiner's Office is applying to the grant opportunity titled BJA FY25 Paul Coverdell Forensic Science Improvement – Competitive Grants Program. The purpose of the grant is to improve the quality and timeliness of forensic science services and to eliminate a backlog in forensic science evidence. The award will provide the Firearms Unit the grant funding to implement a Virtual Comparison Microscopy System that will close the gap between firearm and toolmark microscopic comparison requests and the reports that are completed. The grant's period of performance is projected for the period				

	10/1/2025 through 9/30/2028 and the award amount will be approximately \$400,000.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Improve the timeliness of forensic firearms testing results
	Improve the quality of forensic firearms testing results
	Reduce the backlog of firearms cases

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:	All Council Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All Council Districts & Municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 BJA Paul Coverdell Forensic Science Improvement – Competitive Grants Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 4

TITLE	PSJS on behalf of CCMEC – Grant Application – BJA FY25 Paul Coverdell Forensic Science Improvement – Formula Grants Program – Grant Subrecipient of Ohio Department of Public Safety, Office of Criminal Justice Services in the amount of \$67,000.89
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services on behalf of the Medical Examiner's Office

<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 checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input 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>
---	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	BJA FY25 Paul Coverdell Forensic Science Improvement – Formula Grants Program	1/1/2026-12/31/2026	\$67,000.89		
AMENDMENT (A-1)					
AMENDMENT (A-2)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Public Safety & Justice Services on behalf of the Medical Examiner’s Office is applying as a subrecipient of Ohio Department of Public Safety, Office of Criminal Justice Services for the grant opportunity titled BJA FY25 Paul Coverdell Forensic Science Improvement – Formula Grants Program. The purpose of this grant is to improve the quality and timeliness of forensic science services. The grant funds will be used to send the Medical Examiner’s staff to trainings and conferences to maintain their accreditation and to learn about new technologies and techniques in the field. The grant’s performance period is projected for the period 1/1/2026 through 12/31/2026 and the award amount will be approximately \$67,000.89				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Maintain staff accreditations by attending necessary training courses and conferences.				
	Maintain software license for the Qualtrax platform which is used by CCMEO forensic scientists to track, manage, and maintain data essential for accreditation, document control, and process management.				

<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.</p>
--

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:	All Council Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All Council Districts & Municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S Department of Justice, Office of Justice Programs, Bureau of Justice Assistance FY25 BJA Paul Coverdell Forensic Science Improvement – Formula Grants Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 5

TITLE	Grant Acceptance for Cuyahoga County State Crisis Intervention Program Grant
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/Division of Children and Family Services

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

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	State Crisis Intervention Program Grant	2/1/2025- 12/31/2026	\$426,044.07	9/29/2025	BC2025-619
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The Cuyahoga County Department of Health and Human Services/Division of Children and Family Services is requesting approval to accept a grant agreement from the Ohio Office of Criminal Justice Services in the amount of \$426,044.07 for the State Crisis Intervention Program Grant for the period 2/1/2025-12/31/2026. Pre-award conditions approved BC2025-619.</p> <p>The State Crisis Intervention Program provides funds that go toward providing comprehensive clinical and stabilization services for children in the custody of the Cuyahoga County Division of Children and Family Services (CCDCFS). These services will address the unique needs of multi-system youth experiencing crises, particularly those at heightened risk of violence, including gun violence. By combining trauma-informed behavioral health care, crisis stabilization, and comprehensive wraparound services, the initiative seeks to close critical service gaps, reduce the risk of recidivism and violence, and empower youth to build resilience and achieve long-term stability.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Comprehensive Clinical Services- Behavioral Health Assessments: Within 24-48 hours of admission, all youth will receive a thorough behavioral health assessment conducted by licensed clinicians.			
		Crisis Stabilization Services- Emergency Stabilization Unit: CCH will house a dedicated stabilization unit designed to provide short-term, intensive care for youth in crisis.			
		Violence Prevention Programming- Conflict Resolution and De-escalation Training			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Cleveland Christian Home

LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	11401 Lorain Avenue Cleveland, OH 44111
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	District 3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County Wide

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

Item No. 6

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 11/24/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT