



**Cuyahoga County Board of Control Agenda
Monday, December 1, 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 – 11/24/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-740

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5773) with Cleveland-Cuyahoga County Port Authority in the amount not-to-exceed \$600,000.00 for various storm and sanitary sewer system services, effective upon signatures of all parties through 12/31/2026.

Funding Source: Revenue Generating

BC2025-741

Department of Information Technology, submitting an amendment to Contract No. 1096 with Tim Wauhop for Enterprise Resource Planning System support services for the period 3/22/2021 - 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$98,800.00, effective upon signature of all parties.

Funding Source: General Fund

BC2025-742

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with The North Cuyahoga Valley Corridor, Inc. dba Canalway Partners (via Contract No. 5445) in the amount not-to-exceed \$450,000.00 to provide funding for the Canal Basin Park project to transform 22 acres of Cleveland owned greenspace into an interactive park in Cuyahoga County, effective upon signatures of all parties for a period of 3 years.

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

BC2025-743

Department of Human Resources, recommending an award and enter into Contract No. 5778 with P&A Administrative Services, Inc. (22-6) in the amount not-to-exceed \$150,000.00 for Consolidated Omnibus Budget Reconciliation Act (COBRA) Administrative services for the period 1/1/2026 – 12/31/2030.

Funding Source: Self Insurance Fund

BC2025-744

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5249 (fka Contract Nos. 4021, 4112 and 5128) with Applewood Centers, Inc. for the Multisystemic Therapy/ Multisystemic Therapy-Problem Sexual Behavior Program for adjudicated youth for the period 7/1/2023 – 6/30/2026, to increase the per diem rates, and for additional funds in the amount not-to-exceed \$184,000.00, effective 7/1/2025.

Funding Source: RECLAIM Grant

BC2025-745

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5371 (fka Contract Nos. 4930, 4014, 2975 and 1666) with Applewood Centers, Inc. for clinical case management services for the Coordinated Approach to Low-Risk Misdemeanors (CALM) Project for the period 7/1/2021 – 6/30/2026, to change the terms, and for additional funds in the amount not-to-exceed \$509,511.43, effective 7/1/2025.

Funding Source: RECLAIM Grant

BC2025-746

Sheriff's Department, submitting an amendment to Contract No. 1397 with Lexipol, LLC for subscription-based risk management and policy manual services for the period 1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026, to expand the scope of services, to change the terms, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$106,905.36, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-747

Department of Public Safety and Justice Services, submitting an amendment to Contract No. 4781 with Cleveland State University for operating support of the web application Drughelp.care for the period 9/24/2024- 9/23/2025 to extend the time period to 8/31/2026, to expand the scope of services, and for additional funds in the amount not-to-exceed \$150,000.00, effective upon signatures of all parties.

Funding Source: Opioid Settlement Fund

BC2025-748

Department of Public Safety and Justice Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$51,230.52 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2026 – 12/31/2026.
- b) Recommending an award and enter into Contract No. 5697 with West Publishing Corporation dba Thomson Reuters aka Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$51,230.52 for the purchase of (1) Clear Plus investigative software and (8) each Clear LE Plus, Criminal Justice Arrest Gateway and License Plate Reader user licenses for the Northeast Ohio Regional Fusion Center for the period 1/1/2026 – 12/31/2026.

Funding Source: FY2024 State Homeland Security Program Grant

BC2025-749

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting an Agreement with Cuyahoga County District Board of Health to outline the roles and responsibilities of the Medical Examiner's Office for toxicology testing services in connection with Overdose Data to Action Grant in the amount not-to-exceed \$245,583.00 for the period 9/1/2025 – 8/31/2026

Funding Source: Cuyahoga County District Board of Health pass through from Department of Health and Human Services; U.S. Centers for Disease Control and Prevention; Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)

BC2025-750

Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP exemption, which will result in an award recommendation to United Way of Greater Cleveland in the amount not-to-exceed \$454,666.00 for community resource navigation and MedRefer services to residents of Cuyahoga County for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 5740 with United Way of Greater Cleveland in the amount not-to-exceed \$454,666.00 for community resource navigation and MedRefer services to residents of Cuyahoga County for the period 1/1/2026 - 12/31/2027.

Funding Source: Health and Human Services Levy Fund

BC2025-751

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 5229 (fka Contract Nos. 4457 and 3900) with University of South Florida Board of Trustees for creation, implementation and maintenance of the Just-In-Time Foster Parent/Caregiver Web-Based Training Program for the period 1/1/2024 – 12/31/2025 to extend the

time period to 12/31/2026, to expand the scope of services, and for additional funds in the amount not-to-exceed \$42,065.00, effective 1/1/2026.

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

BC2025-752

Department of Health and Human Services/Division of Children and Family Services, recommending an award on RQ16263 and enter into Contract No. 5755 with The Legal Aid Society of Cleveland (14-1) in the amount not-to-exceed \$90,000.00 for educational legal services for children in the care of Division of Children and Family Services for the period 1/1/2026 – 12/31/2028.

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

BC2025-753

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4200 (fka Contract No. 3879) with Emerald Development and Economic Network, Inc. for facility management services for the Norma Herr Women's Shelter, located at 2227 Payne Avenue, Cleveland for the period 1/1/2024-12/31/2025, for additional funds in the amount not-to-exceed \$150,000.00, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2025-754

Sheriff's Department, recommending to amend Board of Control Approval No. BC2024-747 dated 10/15/2024, which authorized an alternative procurement process resulting in award recommendations to various providers for emergency offsite medical services for inmates for the period 1/1/2025 – 12/31/2026, to add a vendor, and by changing the total amount not-to-exceed from \$400,000.00 to \$800,000.00:

Current providers

- a) Alternative Body Connections
- b) Ascend Clinical, LLC
- c) AT Associates
- d) Case Dental Medicine Support Services
- e) Cleveland Clinic
- f) Cleveland Clinic Foundation
- g) Cleveland Emergency Medical Service
- h) Cleveland Foot & Ankle Clinic
- i) Community Dialysis Center – East
- j) Davita
- k) Donald Martens & Sons Ambulance Service Inc.
- l) Emergency Professional Services, Inc
- m) Euclid Hospital
- n) Faith Medical Associates
- o) Fresenius Medical Care

- p) Geauga Vision
- q) Grady Memorial Hospital
- r) Hastings Home Health Center
- s) ID Consultants Inc.
- t) Lutheran Hospital
- u) Manuel Garcia Prosthetics
- v) Myocare Nursing Home, Inc
- w) Ohio Emergency Care Services
- x) Ohio Renal Care West
- y) Orthotic Prosthetic Specialties
- z) Partners in Nephrology Care LTD
- aa) Physicians Ambulance Service
- bb) Premier Physicians Centers
- cc) Sequenom CMM San Diego
- dd) St. Vincent Charity Hospital
- ee) St. Vincent Charity Hospital – House Providers
- ff) St. Vincent Charity Hospital – Medical Group
- gg) University Hospital
- hh) University Hospital – Bedford
- ii) University Hospital – Emergency Specialists
- jj) University Hospital – Medical Group
- kk) University Hospital – Parma
- ll) University Hospital – Primary Care Practice
- mm) Westpark Neurology & Rehabilitation Center

New provider

- nn) Select Specialty Hospital- Cleveland, LLC

Funding Source: General Fund

BC2025-755

Sheriff's Department, recommending to amend Board Approval No. BC2024-428, dated 6/3/2024, which authorized an alternative procurement process and resulted in an award to Petsmart, LLC in the total amount not-to-exceed \$60,000.00 for purchases of food, treats and miscellaneous other products on as needed basis for the Corrections and Law Enforcement K-9 Units for the period 6/3/2024 - 12/31/2025 to extend the time period to 12/31/2026.

Funding Source: 60% Commissary funds and 40% Federal Equitable Sharing Account

BC2025-756

Sheriff's Department, requesting an alternative procurement process resulting in various purchase orders to Geauga County Sheriff's Department in the total amount not-to-exceed \$400,000.00 for outsourcing prisoner board and care services to reduce the daily population in the Cuyahoga County Jail for the period 1/1/2026 – 12/31/2027.

Funding Source: General Fund

D. – Consent Agenda

BC2025-757

Department of Public Works, recommending to declare a used paper cutter that has no value as surplus County-owned property no longer needed for public use, recommending to discard or salvage these items in accordance with Ohio Revised Code Section 307.12(l).

Funding Source: Not Applicable / Revenue Neutral

BC2025-758

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 5720 (fka Contract No. 5467) with Monarch Lifeworks for (3) autism training sessions to various support staff for autistic individuals for the period 8/4/2025-12/31/2025, to change the vendor's name from Milestones Autism Resources to Monarch Lifeworks, no additional funds required, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

BC2025-759

Fiscal Department, presenting proposed travel/membership requests for the week of 12/1/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Medical Examiner's Office	Association for the Advancement of Blood and Biotherapies	\$11,261.00	1/1/2026 – 12/31/2026	General Fund

Purpose of Membership:

Association for the Advancement of Blood and Biotherapies is the accrediting body for the Toxicology and Parentage Laboratories at the Medical Examiner's Office.

Department of Communications, recommending to Amend Board Approval No. BC2025-738, dated 11/24/2025, which authorized Jennifer Ciaccia to attend the FY26 Federal Emergency Management Agency Executive Public Information Officer Program on 12/7/2025-12/13/2025, to increase the expenses from \$635.0 to \$776.00:

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 \$476.00	\$275.00 \$0.00	\$635.00 \$776.00	General Fund
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*Paid to host

**Staff reimbursement

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

**** The employee is driving instead of flying because the drive time is shorter due to layovers.

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 Sustainability							
Event:	2025 U.S Water Leaders' Summit							
Source:	Great Lakes and ST Lawrence Cities Initiative							
Location:	Harrison Twp, MI							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	12/5/2025-12/5/2025	\$0.00	\$0.00	\$0.00	\$273.00	\$0.00	\$273.00	HUD Fresh Water Institute Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Attend 2025 U.S. Water Leaders' Summit hosted by the Great Lakes and St Lawrence Cities Initiative to learn more about economic development and policy implementation from local leaders across Great Lakes Basin

Dept:	Sheriff's Department							
Event:	IPSB Close Protection Conference							
Source:	International Protective Security Board							
Location:	Charlotte, NC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage	Air ***	Total	Funding Source

					**			
Paul Soprek	12/1/2025-12/6/2025	\$525.00	\$300.00	\$1,300.00	\$164.00	\$0.00	\$2,289.00	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attending the IPSB conference offers an unparalleled opportunity to connect with leaders in protective intelligence, behavioral threat assessment and executive protection directly aligning with the latest evidence-based practices outlined in federal and academic threat management research. It provides hands-on learning and collaboration with multidisciplinary professionals focused on proactive prevention of targeted violence.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
11147	2989	Catts Construction, Inc.	Master Contract with various providers for on-call heavy construction services, on a task order basis, for various road and bridge maintenance and repair projects	\$0.00	Department of Public Works	3/1/2023-2/28/2026 to extend the time period to 2/28/2027	(Original) Road and Bridge Fund	(Executive) 11/18/2025 (Law) 11/19/2025
11147	5664 (fka 2990)	The Ruhlin Company	Master Contract with various providers for on-call heavy construction services, on a task order basis, for various road and bridge maintenance and repair projects	\$0.00	Department of Public Works	3/1/2023-2/28/2026 to extend the time period to 2/28/2027	(Original) Road and Bridge Fund	(Executive) 11/18/2025 (Law) 11/19/2025
11147	2991	Schirmer Construction, LLC.	Master Contract with various providers for on-call heavy construction services, on a task order basis, for various road and bridge maintenance and repair projects	\$0.00	Department of Public Works	3/1/2023-2/28/2026 to extend the time period to 2/28/2027	(Original) Road and Bridge Fund	(Executive) 11/18/2025 (Law) 11/19/2025
11147	5663 (fka 2992)	Terrace Construction	Master Contract with various providers for on-call heavy construction	\$0.00	Department of Public Works	3/1/2023-2/28/2026 to extend	(Original)	(Executive) 11/18/2025

		Company, Inc.	services, on a task order basis, for various road and bridge maintenance and repair projects			the time period to 2/28/2027	Road and Bridge Fund	(Law) 11/19/2025
16004	5638	HDR Engineering, Inc.	For Engineering Owner's Representative Services for Climate Pollution Reduction Projects	\$0.00	Department of Public Works	9/23/2025-9/30/2029 to change the effective date to 7/14/2025	(Original) U.S. EPA Climate Pollution Reduction Grant Award	(Executive) 11/21/2025 (Law) 11/24/2025
NA	via Contract No. 5770	Friends of Mendelsohn	Loan Assumption and Modification Agreement from Sustainable Community Associates, Ltd. (via Contract No. 5736) to Friends of Mendelsohn (via Contract No. 5770) in the amount not-to-exceed \$483,171.00 for activities associated with The Park Synagogue Complex renovation and utilization as a mixed-use redevelopment complex, effective upon signatures of all parties.	\$0.00	Department of Development	Loan Period: 7/31/2023-7/31/2033	(Original) United States Environmental Protection Agency Brownfield Revolving Loan Fund	(Executive) 11/25/2025 (Law)
NA	5449	Cuyahoga County Domestic Relations Court	For the Domestic Violence Enhancement Program	\$0.00	Department of Public Safety and Justice Services	1/1/2025 – 12/31/2025 to extend the time period to 2/28/2026	(Original) FY2024 STOP Violence Against Women Act Block Grant	(Executive) 11/18/2025 (Law) 11/19/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, November 24, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

I – CALL TO ORDER

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

Attending:

Erik Janas, Chief of Staff (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

Laura Black, County Council (Alternate for Meredith Turner)

Joseph Nanni, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

II. – REVIEW MINUTES – 11/17/2025

Michael Chambers motioned to approve the minutes from the November 17, 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

BC2025-732

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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-732 was approved by unanimous vote.

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

Mellany Seay, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas, seconded. Item BC2025-733 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-734 was approved by unanimous vote.

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~~ **Cuyahoga County Sheriff's Department personnel who are required to carry firearms** 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

Karen DiCarlo, Sheriff's Department, presented. Robert Schleper asked is this kind of the standard cost annually, so is that \$42,000.00. Michael Chambers motioned to approve the item as amended; Robert Schleper seconded. Item BC2025-735 was approved by unanimous vote as amended.

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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas, seconded. Item BC2025-736 was approved by unanimous vote.

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

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2025-737 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. BC2025-738 through BC2025-739; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

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
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*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
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*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	Department of Public Works	RAR Contracting Company Inc.	Not-to- exceed \$200,000.00	Sanitary Sewer Fund

	and Type A Rip Rap Stones				
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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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Joseph Nanni seconded. The motion to adjourn was unanimously approved at 11:10 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-740

Title	Cleveland-Cuyahoga County Port Authority Sewer Maintenance Agreement, Direct Bill
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5773	Cleveland- Cuyahoga County Port Authority	Effective Date – 12/31/2026	\$600,000	TBD	TBD

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 Port Authority of Cleveland desires to retain the County to perform certain services relative to the Authority Sewers, as determined from time-to-time, to further advance the Authority's sanitary and storm sewer maintenance program in a Direct Bill agreement.

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

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

Project Goals, Outcomes or Purpose (list 3):

The County shall provide sanitary and storm sewer maintenance services and any additional services requested by the Authority to the Authority pursuant to the tasks and associated hourly rates as listed in the Agreement.

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):
Cleveland-Cuyahoga County Port Authority 1100 W. 9 th Street, Suite 300 Cleveland, Ohio 44113	Jared Magyar Vice President, Operations & Facilities
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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 checked="" type="checkbox"/> Exemption – Govt to Govt agreement
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.	
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.

This is a revenue generating agreement for deposit only

PW715100-52000

Sanitary Sewer District Funds

Is funding for this included in the approved budget? ☐ Yes ☐ No (if "no" please explain): N/A

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

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): New Direct Bill Contract

BC2025-741

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM1096	Timothy Wauhop	03/22/2021 – 09/21/2021	\$90,000.00	03/22/2021	BC2021-124
1 st Amendment	CM1096	Timothy Wauhop	09/22/2021 – 03/21/2022	\$0.00	10/18/2021	BC2021-586
2 nd Amendment	CM1096	Timothy Wauhop	03/22/2022 – 10/31/2022	\$53,807.00	03/14/2022	BC2022-151
3 rd Amendment	CM1096	Timothy Wauhop	11/01/2022 – 04/29/2023	\$60,000.00	08/29/2022	BC2022-512
4 th Amendment	CM1096	Timothy Wauhop	04/30/2023 – 12/31/2023	\$72,779.73	06/05/2023	BC2023-361
5 th Amendment	CM1096	Timothy Wauhop	01/01/2024 – 12/31/2024	\$98,800.00	12/18/2023	BC2023-829
6 th Amendment	CM1096	Timothy Wauhop	01/01/2025 – 12/31/2025	\$98,800.00	10/07/2024	BC2024-723
7 th Amendment	CM1096	Timothy Wauhop	01/01/2026 – 12/31/2026	\$98,800.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). The Department of Information Technology plans to amend Contract No. CM1096 with Timothy M. Wauhop, to extend the contract time period through December 31, 2026 for ERP Support Services in the amount of \$98,800.00.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____

Project Goals, Outcomes or Purpose (list 3):

The Department of Information Technology needed a vendor who could provide general ERP support services for various Infor modules. Tim Wauhop, being a former Infor consultant, was awarded a contract with the primary goals of the contract being:

- Configuration, development, and testing support
- Solution configuration
- Creation of functional and technical specifications for issue resolution
- Identifying and recommending solution and process improvements.
- Conduct end user online training and education sessions in one-on-one or group sessions.
- Provide knowledge transfer and training to County employee ERP team and members.
- Liaison between the Infor team and the Cuyahoga County IT ERP team.
- Respond to and resolve assigned support tickets for functional and operational issues.
- Support the creation, discussion, and resolution of Infor Xtreme support tickets.

The cost of this contract has remained the same since the 5th amendment, which was approved 12/18/2023 under BC2023-829.

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):
Timothy Wauhop 309 Cheadle Loop Road Seaford, Virginia 23696	Timothy Wauhop, Owner
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.\nThis is a contract 7th amendment to extend time thru 12/31/2026 for continued contracted ERP support services. The contract received an RFP Exemption approved on 3/22/2021 CM #1096, BC2021-124. Subsequent 1st thru 6th amendments were also approved. *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 under 501.12 section 2 where professional services for IT can be procured
	<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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100145
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input 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? ☐ No ☐ Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2025-742

Title	The North Cuyahoga Valley Corridor, Inc. / Contract / 3-year contract for the Canal Basin Park
Department or Agency Name	Fiscal Department on behalf of the Executive Department
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	5445	The North Cuyahoga Valley Corridor, Inc. dba Canalway Partners	3 years from effective date	\$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.

This is a grant agreement with The North Cuyahoga Valley Corridor, Inc. for a period of 3 years from the effective date. This agreement is for the Canal Basin Park in the amount of \$450,000.00. The is a Cleveland Planning Commission approved project that will transform 22 acres of Cleveland owned greenspace into an interactive park. The park will include a Cuyahoga River themed playground, an accessible riverfront edge with a boardwalk, and an ecological interpretation of the historic Canal Basin featuring a stormwater filtration system. Additionally, Merwin Avenue will be reallocated from vehicular traffic to a pedestrian and bicycle

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

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

Project Goals, Outcomes or Purpose (list 3):

- Cuyahoga River themed playground
- Accessible riverfront edge with a boardwalk
- An ecological interpretation of the historic Canal Basin featuring a stormwater filtration 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):
The North Cuyahoga Valley Corridor, Inc. PO Box 609420 Cleveland, OH 44109	Mera Cardenas Executive Director
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 grant agreement is an initiative of the Executive Office. *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.	
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% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/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 FS-21-ARP-LFRF	
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? ☐ No ☐ Yes (if yes, please explain)

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

HISTORY (see instructions):

BC2025-743

Title	2025; Department of Human Resources Contract with P&A Administrative Services, Inc. (P&A Group) for Event 6575, Informal RFP for COBRA Administrative Services for the period 1/1/2026-12/31/2030 in the amount NTE \$150,000.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5778	P&A Administrative Services, Inc.	1/1/2026- 12/31/2030	\$150,000.00		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.

Human Resources requesting approval of a contract with P&A Administrative Services, Inc. (P&A Group) for the anticipated cost not-to-exceed \$150,000.00 to administer the County's COBRA services for the period 1/1/2026-12/31/2030.

This is a new contract for COBRA services. The previous contract with Mutual Health Services expires on 12/31/2025. This contract was solicited through an Informal Request for Proposals (IRFP) solicited from 8/11/2025 to 9/3/2025 receiving six submissions with P&A scoring highest. P&A will administer the County's COBRA benefits for separated employees as mandated by the Department of Labor under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

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):

This project assists separated employees in continuing their benefits and maintains the County's compliance with the Department of Labor.

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):
P&A Administrative Services, Inc. 6400 Main Street, Suite 210 Williamsville, NY 14221	Michael Rizzo, President
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
Event# 6575 <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/3/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$150,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 22 / 6	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: P&A scored highest by providing the County with the greatest value for services, scoring substantially higher than the lowest cost vendor.	<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)

P&A was the second lowest cost vendor at \$0.27PEPM with prices ranging from \$0.25 to \$1.00 PEPM.	<input type="checkbox"/> Other Procurement Method, please describe:
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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. 100% Self-Insurance Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HR765100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. P&A requires 30 days for implantation for services to begin 1/1/2026. Project plans are underway to conduct this implementation once approved and signed.	
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):						
Previous Contract						
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	3631 (fka 2608)	Mutual Health Services	7/1/2022-12/31/2025	\$150,000.00	8/8/2022	BC2022-473
A-1			12/31/2025	\$0.00	9/11/2023	Item of Note 3

BC2025-744

Title	SECOND CONTRACT AMENDMENT FOR MULTISYSTEMIC THERAPY AND MULTISYSTEMIC THERAPY-PROBLEM SEXUAL BEHAVIOUR (MST/MST-PSB) - APPLEWOOD CENTERS, INC.
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original (O)	4021	Applewood Centers, Inc.	7/1/2023-6/30/2025	\$472,000.00	1/02/2024	BC2024-14
(A-1)	5249 fka 4021, 4112 and 5128	Applewood Centers, Inc.	7/1/2023-6/30/2026	\$52,000.00	7/28/2025	BC2025-482
(A-2)	5249 fka 4021, 4112 and 5128	Applewood Centers, Inc.	7/1/2023-6/30/2026	\$184,000.00	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. MST-PSB is designed with core elements of MST standard but additionally addresses problematic sexual behaviors in youth of all genders ages 12 to 17 ½. The amendment is to increase the funds in the amount of \$184,000.00, and amend Section V.A., titled "Per Diem Rate" of the Contract to reflect the following updated Per Diem Rates (also referred to as "Unit Rates") for services provided for July 1, 2025, to June 30, 2026. This changes the not-to-exceed value of the contract from \$524,000.00 to \$708,000.00.</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)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement

Age of items being replaced: N/A How will replaced items be disposed of
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The MST standard model is a family-driven treatment approach that addresses a multitude of behavioral issues by addressing complex systemic drivers to youth delinquency.</p> <p>MST-PSB is designed with core elements of MST Standard but additionally addresses problematic sexual behaviors.</p> <p>The vendor should provide an intensive, in-home and community-based service for youth based on the MST and MST-PSB Models and maintain all elements of the fidelity model.</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.	
Vendor Name and address: Applewood Centers, Inc. 10427 Detroit Ave. Cleveland, Ohio 44102	Owner, executive director, other (specify): Jennifer Blumhagen, Executive Director
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. *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? This is a contract amendment.	<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 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. This contract is 100% funded through the RECLAIM 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. JC330100
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The delay is due to RECLAIM grant notification, award process, contract negotiations and vendors delay returning documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/6/2025
Date documents were requested from vendor:	10/24/2025
Date of insurance approval from risk manager:	10/24/2025
Date Department of Law approved Contract:	6/4/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) recurring RECLAIM contract.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-745

Title	FIFTH CONTRACT AMENDMENT FOR PROJECT CALM CLINICAL STAFF - APPLEWOOD CENTERS, INC	
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION	
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)	1666	Applewood Centers, Inc	7/1/2021- 6/30/2023	\$215,250.00	5/12/2022	BC2022-267
(A-1)	2975 fka 1666	Applewood Centers, Inc	7/1/2021 6/30/2023	\$218,167.00	01/09/2023	BC2023-10
(A-2)	4014 (fka 2975, 1666)	Applewood Centers, Inc	7/1/2021 6/30/2024	\$389,781.00	01/02/2024	BC2024-09
(A-3)	4930 (fka 4014, 2975, 1666)	Applewood Centers, Inc	7/1/2021 6/30/2026	\$480,000.00	10/21/2024	BC2024-758
(A-4)	5371 (fka 4930, 4014, 2975, 1666)	Applewood Centers, Inc	7/1/2021 6/30/2026	(\$549,511.43)	9/22/2025	ITEM NO. 2
(A-5)	5371 (fka 4930, 4014, 2975, 1666)	Applewood Centers, Inc	7/1/2021- 6/30/2026	\$509,511.43	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 is a contract amendment for 24-7 screening and crisis intervention for project CALM; a diversion program for youth potentially charged with low-level domestic violence.

This amendment is to increase the funds in the amount of \$509,511.43 for the time- period from July 1, 2025, through June 30, 2026. A total of \$200,000. Is to be allocated from July 1, 2025, through June 30, 2026. To amend Subsection IV. B., which set forth billing terms, to change the billing rate, effective 7/1/2025.

Effective 7/1/2025, the entirety of Subsection IV. B. shall be stricken and replaced with the following provision:
B. Monthly Reimbursement – Services will be reimbursed at a flat monthly rate of \$16,666.66 for the duration

of the contract term. VENDOR shall submit monthly invoices to the COURT detailing the allocation of expenses for salaries related to the as detailed in the Description of Services section.
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): Vendor to provide behavioral health screenings and case management services to support youth and their families in gaining access to medical, social, educational/vocational, and other services essential to meeting their needs.

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: 10427 Detroit Ave., Cleveland, Ohio 44102	Owner, executive director, other (specify): Jennifer Blumhagen Yarham, Executive Director
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. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input 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 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% funded by the RECLAIM 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. JC330100
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract negotiations of terms, rate and billing.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/6/2025

Date documents were requested from vendor:	10/24/2025
Date of insurance approval from risk manager:	10/24/2025
Date Department of Law approved Contract:	6/4/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) recurring program through RECLAIM	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2025-746

Title	CM #1397 Lexipol, LLC for policy manual and daily training bulletins with supplemental publication service with accreditations ext. 12/31/2026 in the amount of \$106,905.36
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	1397	Lexipol, LLC	1/1/2022-12/31/2024	\$280,480.00	7/6/2021	BC2021-328
A-1	1397	Lexipol, LLC	1/1/2025-12/31/2025	\$25,427.94	12/23/2025	BC2024-980
A-2	1397	Lexipol, LLC	1/1/2026-12/31/2026	\$106,905.36	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>Sheriff's Department, submitting an amendment to Contract No. 1397 with Lexipol LLC for subscription-based risk management and policy manual services for the period 1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026, to add additional services outlined in Exhibit II-B, to replace Article 6 insurance with new Article 6, new Section 8.5 added, Sections 8.5 and 8.6 to be renumbered, and for additional funds in the amount not-to-exceed \$106,905.36.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

Lexipol, LLC will be providing Law Enforcement and Corrections with a policy manual and daily training bulletins with supplemental publication service with accreditation.

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):
Lexipol LLC 2611 Internet Blvd, Ste 100 Frisco, TX 75034	Bill Nunan, Chief Executive Officer
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. *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:
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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.
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 - \$27,080.76 SH100140 - \$79,824.60
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

BC2025-747

Title	4781- Cleveland State University Drughelp.care Services
Department or Agency Name	Public Safety and Justice 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	4781	Cleveland State University	9/24/2024- 9/23/2025	\$196,836.00	9/23/2024	BC2024-690
A-1	4781	Cleveland State University	9/24/2025- 8/31/2026	\$150,000.00	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.
Continue support to CSU's drughelp.care website that provides free access to the community affected by the opioid crisis. This website improves access to drug treatment services, reduce wait times, and better ensure that individuals get the help they need by being a centralized system for substance use treatment provider agencies to share information on their treatment options and availability locally.

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):

Provide a centralized system for substance use treatment providers and facilities.

Reduce wait times for drug treatment services and ensure potential patients are receiving the help needed.

All provides to update available treatments easily and in real time.

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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Cleveland State University 2121 Euclid Ave, Cleveland, OH 44115	Laura Bloomberg University President
Vendor Council District:	Project Council District:
District 7	All municipalities of Cuyahoga County.
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) Government purchase <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td style="width: 40%;">Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

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<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is funded 100% by the County's Opioid Settlement Funds.</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>EX345100 NOOPD0009002 55130</p>
<p>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):</p>

<p>Provide status of project.</p> <p>Project is currently in progress.</p>	
<p>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</p>	
<p>Reason: Vendor did not submit signed contract, submitted 10/21/2025, until after the contract had ended.</p>	
<p>Timeline</p>	
Project/Procurement Start Date (date your team started working on this item):	09/9/2025
Date documents were requested from vendor:	09/11/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	10/20/2025
<p>Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A</p>	
<p>If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) CSU has continued to make the website available to the public.</p>	
<p>Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)</p>	

HISTORY (see instructions): see chart above

BC2025-748

Title	2025, Contract – West Publishing Corporation; Northeast Ohio Regional Fusion Center – Clear LPR User Licenses
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	5697	West Publishing Corp/Thomson Reuters	1/1/2026-12/31/2026	\$51,230.252	Pending	pending
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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.

Requesting approval of a contract with West Publishing Corp./Thomson Reuters, Inc. for the amount of \$51,230.52 for the time period 1/1/2026-12/31/2026.

Thomson Reuters is the sole source provider under a proprietary license agreement to provide Clear LPR commercial license plate recognition data. The data is used by the Northeast Ohio Region Fusion Center (NEORFC) as a law enforcement investigation tool.

The Northeast Ohio Regional Fusion Center (NEORFC) is one of three Fusion Centers recognized by the Department of Homeland Security in the State of Ohio. The three centers utilize Clear LPR proprietary software licenses to search the LPR database to assist investigations when requested by regional, state or federal LE partners.

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):
- Search proprietary LPR database for license plate hits in the course of LE investigation
- Support local, state and federal Law Enforcement partners with tools to respond to or prevent terrorism

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):
Thomson Reuters dba West Publishing Corp. PO Box 6292 Carol Stream, IL 60197	Colleen Ostwald Senior Client Executive
Vendor Council District:	Project Council District:
NA	Countywide
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. Sole Source exemption for proprietary LPR database *See Justification for additional information.
The total value of the solicitation: \$51,231.00	<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. 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" style="width: 100%;"> <tr> <td style="width: 30%;">List date of TAC approval</td> <td>Date: 8/19/2025</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 type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 8/19/2025
List date of TAC approval	Date: 8/19/2025	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FY2024 State Homeland Security Program Grant 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. PJ280135 PJ-24-SHSP
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4917	West Publishing Corp.	1/1/2025-12/31/2025	\$46,573.20	12/2/2024	BC2024-898

BC2025-749

TITLE	PSJS on behalf of CCMEQ; Agreement between the Cuyahoga County Board of Health and the Cuyahoga County Medical Examiner's Office; FY23 Centers for Disease Control and Prevention: Overdose Data to Action Grant Sub-Award Agreement; September 1, 2025-August 31, 2026; \$245,583.00; Executive's Signature Required on Pages 14 & 24
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 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>
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	<input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Centers for Disease Control and Prevention: Overdose Data to Action Grant	9/1/2025-8/31/2026	\$245,583.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-2)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>Public Safety & Justice Services on behalf of the Medical Examiner's Office is requesting authority to accept grant funding under the CDC Overdose Data to Action Grant as the subrecipient of Cuyahoga County Board of Health in the amount of \$245,583.00 for the time period 9/1/2025-8/31/2026.</p> <p>Under the Overdose Data to Action Grant, the Cuyahoga County Medical Examiner's Office (CCMEO) will conduct toxicologic testing of used syringes from sites in Cuyahoga County at the Cuyahoga County Regional Forensic Science Laboratory (CCRFSL) to track over time the distribution of illicitly manufactured opioids.</p>				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Testing of public health samples to improve awareness of people who are using illicit opioids and stimulants who may be at high risk for overdose.</p> <p>Reduce the number of overdose deaths within Cuyahoga County.</p> <p>Develop education and outreach of prevention strategies and illustrate emerging drug trends in the County.</p>				

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.
	Cuyahoga County District Board of Health pass through from Department of Health and Human Services; U.S. Centers for Disease Control and Prevention; Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)
	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.

BC2025-750

Title	HHS Health Policy; United Way of Greater Cleveland; Contract; 211 MedRefer Services Program
Department or Agency Name	Department of Health and Human Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5740	United Way of Greater Cleveland	1/1/2026-12/31/2027	\$454,666.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Department of Health and Human Services is requesting approval of a contract with United Way of Greater Cleveland for the support of MedRefer Services in the amount of \$454,666.00 for the time period of 1/1/2026 - 12/31/2027.</p> <p>United Way 211 will provide community resource navigation and MedRefer services to residents of Cuyahoga County. Navigation services are designed to help the public find, understand, and access community resources in their time of need. The service is offered to all residents of Cuyahoga County by dialing "2-1-1" 24 hours a day, every day of the year, or by engaging via chat at 211 oh.org. Professional, trained Community Resource Navigation Specialists ("Specialists") with experience handling a wide array of populations, assess social</p>

service needs, review eligibility for programs, provide information and referrals, and offer crisis de-escalation and advocacy as needed. Additionally, the Provider will maintain a specialized service, MedRefer, for the purpose of connecting 2-1-1 callers to free and low-cost medication.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?
Project Goals, Outcomes or Purpose (list 3): To provide 24-7 access to health and human services information and referral for Cuyahoga County residents. To provide referral services for low income, uninsured or underinsured Cuyahoga County residents seeking prescription drug assistance that is free or low cost. To assess social service needs, review eligibility for programs, provide information and referrals, and offer crisis de-escalation and advocacy as needed

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, Ohio 44115	Natalya Cohen, Community Investment Coordinator
Vendor Council District:	Project Council District:
7	Serving County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. An RFP exemption is being sought for this award because United Way 2-1-1 is the only entity in Cuyahoga County nationally accredited by the Alliance of Information and Referral Systems. 2-1-1, due to its robust database and ability to pre-screen callers for services, saves government and nonprofit agency staff time as they are not fielding inappropriate/misdirected requests for service. 2-1-1 saves the client time by not having to contact multiple organizations or visit agencies in-person to determine if they qualify and what options they have for assistance. 2-1-1 helps County HHS better understand the needs of residents and develop plans to address service gaps.

	*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% Health and Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100 – 55130 – UCH00000
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. New Contract for 211 MedRefer Services Program
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC approved/Co uncil's Journal Date	Approval No.
O	3795	United Way of Greater Cleveland	1/1/2024 to 12/31/2024	\$277,333.00	10/30/2023	BC2023-680
A1	4222 (fka 3795)	United Way of Greater Cleveland	Effective Upon Signature- 12/31/2025	\$327,333.00	12/9/2024	BC2024-932

BC2025-751

Title	Caregivers Just In-Time Amendment 2
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	3900	University of South Florida Board of Trustees	1/1/2024- 12/31/2024	\$37,927.00	11/13/2023	BC2023-731
A-1	4457	University of South Florida Board of Trustees	1/1/2025- 12/31/2025	\$39,557.00	12/23/2024	BC2024-984

A-2	5229	University of South Florida Board of Trustees	1/1/2026-12/31/2026	\$42,065.00	Pending	Pending
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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.

Vendor currently provides Just In Time web-based training. The University of South Florida (USF) exclusively presents the Just In Time (JIT) training program. JIT training provides information and web-based training videos that facilitate foster parent and relative caregiver learning strategies to improve parenting skills.

The amendment time period will be 1/1/26-12/31/2026.

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):

The provider is to edit and post videos to the JIT Cuyahoga website within seven days of receiving a website post.

The provider is to post unlimited QPI resources for caregivers within 3 days of receiving a request for website post.

The provider will hold monthly technical assistance calls with Cuyahoga County Staff.

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):
University of South Florida Board of Trustees 13301 Bruce B Downs Blvd Tampa, Florida 33612	Pam Hardy-Jones, Director
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Membership in the Just in Time network will allow DCFS access to an extensive catalogue of live and recorded training content already in existence by other states.

	USF does not subcontract any of the services related to the JIT training program. USF maintains equipment, software and application subscriptions that are shared costs among projects. *See Justification for additional information.
The total value of the solicitation: \$37,927.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Vendor provided the best service for the cost	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? University of South Florida - \$37,927.00 Northwest Media, Inc - \$30,769.00	<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" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">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 65%; Title IV-E 35%
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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. HS260150 55130 UCH00122
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 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

BC2025-752

Title	Division of Children & Family Services Educational Legal Services
Department or Agency Name	Department of Children and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5755	The Legal Aid Society of Cleveland	01/01/2026- 12/31/2028	\$90,000.00	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.
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The County agrees to enter into a contract with The Legal Aid Society of Cleveland (The Provider") for the period of January 1, 2026, through December 31, 2028, to provide legal services for children and families referred by the Department of Children and Family Services (DCFS).
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): <ol style="list-style-type: none"> 1. Provide high quality, legal consultation and representation for children in custody of DCFS who are facing educational issues including needed assessments, discipline matters, and special education issues. 2. Legal Aid will serve as specialized subject matter partner to the Division of Children and Family Services (DCFS) on all educationally related matters for children in the care of the agency that may require legal consultation, advice, and/or representation. 3. Legal Aid Society of Cleveland will provide representation to youth in Cuyahoga County's care with the goals of removing barriers to education, securing necessary special education services, and maintaining children/youth in school.

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):
The Legal Aid Society of Cleveland 1223 W. Sixth Street Cleveland, Ohio 44113	Colleen M. Cotter
Vendor Council District:	Project Council District:
07	07
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 09/12/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 14 / 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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. There was no SBE/MBE/WBE participation/goal. 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: There was 1 bid submitted for review and that 1 bid was approved.	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? There was 1 bid submitted for review and that 1 bid was approved.	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">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. The project is funded 65% Health and Human Services Levy and 35% Federal Title IV-E.
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Accounting Unit HS260130 Account 56010

Activity UCH000101
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. On time.	
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):	08/07/2025
Date documents were requested from vendor:	10/17/2025
Date of insurance approval from risk manager:	11/12/2025
Date Department of Law approved Contract:	11/12/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
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	2818	The Legal Aid Society of Cleveland	01/01/2023-12/31/2025	\$116,169.00	11/14/2022	BC2022-698

BC2025-753

Title	OHS; Emerald Development and Economic Network, Inc; 2025 Amend 1; Norma Herr Women's Shelter Facilities Management
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	3879	EDEN, Inc.	1/1/24-12/31/25	\$993,190.00	11/30/23	R2023-0348

1	4200 (fka 3879)	EDEN, Inc.	Effective upon execution - 12/31/25	\$150,000.00	Pending	Pending
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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.

Emerald Development and Economic Network, Inc. (EDEN) owns and manages the property located at 2227 Payne Ave Cleveland 44114. This site houses the Norma Herr Community Women's Shelter, which serves Cuyahoga County as a low-barrier shelter for single adult women. As the owner of the building, Emerald Development and Economic Network, Inc. will provide property management services to ensure the building remains in compliance with local requirements as well as OHS Advisory Board-approved shelter standards. Services will include ongoing maintenance of the facility due to its age and intensive use, 24/7 on-call response for emergency repairs, normal maintenance and repairs, staffing and services for custodial and housekeeping, insurance coverage, utility costs, asset management, and groundskeeping.

This is an existing service covered under CM4200 (f.k.a. 3879). We are requesting to add \$150,000.00 in funding to pay for the remaining invoices through the current contract period ending 12.31.2025. There are no changes to the scope or rates. We are requesting the amendment be effective upon execution.

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):

Ensure a safe and clean environment for shelter guests, visitors, and service provider staff

Maintain building systems (heat, water, electric) for safe, economical, efficient operation, with 24/7 emergency support

Comply with local requirements as well as OHS Advisory Board-approved shelter standards

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):
Emerald Development and Economic Network, Inc. 7812 Madison Ave Cleveland, Ohio 44102	Elaine Gimmel, Executive Director
Vendor Council District:	Project Council District:
7	N/A

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 contract was awarded through an RFP exemption as EDEN is the owner of the building and is a housing development agency that already does facilities management county-wide. They have the existing infrastructure to provide these services cost-effectively. *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 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.
100% Health and Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
HS260350
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. Recurring service under current contract CM4200 (f.k.a. CM3879)	
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

C.- Exemptions

BC2025-754

TITLE	2025-2026 Medical Billing
DEPARTMENT OR AGENCY	Sheriff's

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	12/14/21	BC2021-734
	5/9/22	BC2022-290

REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	10/4/22	BC2022-589
	9/19/23	BC2023-577
	10/15/24	BC2024-747
DESCRIPTION/ EXPLANATION OF REQUEST:	The Cuyahoga County Sheriff's Department (CCSD) is requesting approval to add a vendor Select Specialty Hospital, extend the time period to 12/31/2026 and add funds in the amount of \$400,000.00 to the existing Alt Pro for outside medical services.	

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.
	SH100150 55040- General Fund

Provider List

1	Alternative Body Connections
2	Ascend Clinical, LLC
3	AT Associates
4	Case Dental Medicine Support Services
5	Cleveland Clinic
6	Cleveland Clinic Foundation
7	Cleveland Emergency Medical Service
8	Cleveland Foot & Ankle Clinic
9	Community Dialysis Center - East
10	Davita
11	Donald Martens & Sons Ambulance Service Inc.
12	Emergency Professional Services, Inc
13	Euclid Hospital
14	Faith Medical Associates
15	Fresenius Medical Care
16	Geauga Vision
17	Grady Memorial Hospital
18	Hastings Home Health Center
19	ID Consultants Inc.
20	Lutheran Hospital
21	Manuel Garcia Prosthetics
22	Myocare Nursing Home, Inc
23	Ohio Emergency Care Services
24	Ohio Renal Care West
25	Orthotic Prosthetic Specialties
26	Partners in Nephrology Care LTD
27	Physicians Ambulance Service

28	Premier Physicians Centers
29	Sequenom CMM San Diego
30	St. Vincent Charity Hospital (SVCH)
31	SVCH House Providers
32	SVCH Medical Group
33	University Hospital (UH)
34	UH - Bedford
35	UH - Emergency Specialists
36	UH - Medical Group
37	UH - Parma
38	UH- Primary Care Practice
39	Westpark Neurology & Rehabilitation Center
40	Select Specialty Hospital- Cleveland, LLC

BC2025-755

TITLE	AMEND ALT PRO FOR CANINE GOODS/PETSMART
DEPARTMENT OR AGENCY NAME	SHERIFF'S

REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	6/3/2024	BC2024-428
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Summary: The Sheriff's Department is requesting approval to amend the existing alternate procurement (Alt Pro) process with PetSmart, LLC, to extend the current approval through December 31, 2026. This amendment will allow continued issuance of not-to-exceed purchase orders for the purchase of goods necessary for the Corrections and Law Enforcement Canine Units, including but not limited to food, treats, and other essential items.</p> <p>Background: Due to the urgent nature of some canine-related purchases, the Department is often unable to complete a standard competitive bidding process. These purchases are occasionally made during emergency situations, and timely procurement is critical to the well-being and operational readiness of the canine units.</p> <p>Historically, such purchases have been paid through office vouchers or in batches, which may result in annual spending per vendor exceeding the \$5,000 threshold—leading to processing delays and disruption of vendor relationships.</p>	

	<p>Amendment Details:</p> <ul style="list-style-type: none"> • Extends Alt Pro approval with PetSmart, LLC through 12/31/2026. • Allows the continued issuance of purchase orders under the Not-To-Exceed model, processed through INFOR/Lawson, ensuring proper procurement documentation. • Eliminates the need for additional Board of Control approvals for each purchase order issued under this process. • Only purchases of critical or time-sensitive needs will use this method; all non-urgent purchases will continue to follow standard County procurement procedures. <p>Prior Approval: BC2024-428</p> <p>This amendment will help maintain timely payments, preserve the strong working relationship with PetSmart, and support uninterrupted care and readiness of the Department's canine units.</p> <p>Process Under Alternate Procurement:</p> <ol style="list-style-type: none"> 1. Annual Not-To-Exceed (NTE) Purchase Orders will be issued for each calendar year through December 31, 2026, with a combined total NTE amount of \$60,000. <p>No additional Board of Control approval will be required for these purchase orders.</p> <ol style="list-style-type: none"> 2. Staff/requestors will continue to: <ul style="list-style-type: none"> o Obtain quotes (when possible) from PetSmart, LLC and other vendors. o Collect invoices. o Complete the Departmental Order Form with the appropriate administrative approvals. 3. Once the goods or services have been confirmed as received, the Sheriff's Department Fiscal Office will review and approve for payment, then process the payment against the established Purchase Orders. <p>Year(s) & NTE Amounts:</p> <p>1/1/2025 – 12/31/2025 = \$21,000.00</p> <p>1/1/2026 – 12/31/2026 = \$39,000.00</p>
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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.
	60% COMMISSARY FUNDS 40% FEDERAL EQUITABLE SHARING ACCOUNT

BC2025-756

TITLE	Geauga County Prisoner Board and Care Services
DEPARTMENT OR AGENCY NAME	Sheriff's
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.
	1/27/25	BC2025-54
	8/9/24	BC2024-590
	2/12/24	BC2024-109
	10/23/23	BC2023-659
	6/5/23	BC2023-362
	4/17/23	BC2023-229
	2/22/22	BC2022-105
	2/24/00	BC2020-148
	10/7/19	BC2019-737
DESCRIPTION/ EXPLANATION OF REQUEST:	<p><u>Sheriff's Department Alternate Procurement Request For Geauga County Prisoner Board and Care Services</u></p> <p>Summary: The Sheriff's Department is requesting approval of an alternate procurement (Alt Pro) process with Geauga County, to provide prisoner board and care services through December 31, 2027. This will allow continued issuance of not-to-exceed purchase orders for the services necessary for the Corrections Division to have the outsourced PB&C option to be used on an as needed basis when the county jail average daily population needs to be reduced NTE \$400,000.00 combined.</p> <p>Background: Dating back to 2019 the Sheriff's Department has processed separate exemption Purchase Orders for these services totaling up to \$500,000.00 yearly. Due to the urgent nature of some situations regarding inmate boarding and care the Department is often unable to complete a standard competitive bidding process especially with government to government related items.</p> <p>Details:</p> <ul style="list-style-type: none"> • Alternative Procurement approval will allow for separate Purchase Orders for Geauga County Prisoner Board and Care services through 12/31/2027. • Allows the continued issuance of purchase orders under the Not-To-Exceed model, processed through INFOR/Lawson, ensuring proper procurement documentation. • Eliminates the need for additional Board of Control approvals for each purchase order issued under this process. • The total combined Not-To-Exceed amount will be \$400,000.00 through 12/31/2027. All other purchase orders for this service will continue to follow standard County procurement procedures. <p>Prior Approval: BC2025-54, BC2024-590, BC2024-109, BC2023-659, BC2023-362, BC2023-229, BC2022-105.</p> <p>This Alt Pro will help lower the number of times we seek approval for routine items.</p>	

	<p>Process Under Alternate Procurement:</p> <ol style="list-style-type: none"> 1. Annual Not-To-Exceed (NTE) Purchase Orders will be issued for each calendar year from January 1, 2025 through December 31, 2027, with a combined total NTE amount of \$400,000.00. No additional Board of Control approval will be required for these purchase orders. 2. Staff/requestors will continue to: <ul style="list-style-type: none"> ○ Collect invoices. ○ Complete the Departmental Order Form with the appropriate administrative approvals. 3. Once the services have been confirmed as received, the Sheriff's Department Fiscal Office will review and approve for payment, then process the payment against the established Purchase Orders.
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% General Funds (SH100140 -55130)

D. - Consent Agenda

BC2025-757

TITLE	Public Works – Print Shop Equipment Disposal – Paper Cutter
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Disposal of Equipment
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DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Works is declaring one (1) piece of equipment located in the Print Center, as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. The paper cutter is older, not operational and is no longer supported by manufacturers.</p> <table><tr><th>Qty</th><th>Description</th><th>Item Number</th><th>Purchase Date</th></tr><tr><td>1</td><td>Wholenberg Paper Cutter</td><td>11504633</td><td>10/29/2004</td></tr></table>	Qty	Description	Item Number	Purchase Date	1	Wholenberg Paper Cutter	11504633	10/29/2004
Qty	Description	Item Number	Purchase Date						
1	Wholenberg Paper Cutter	11504633	10/29/2004						

BC2025-758

Title	Monarch Lifeworks Autism Training Sessions	
Department or Agency Name	Office of Early Childhood / Invest in Children	
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	5467	Milestones Autism Resources	Effective upon signature – 12/31/2025	\$12,500.00	8/4/2025	B2025-504
A-1	5720 (FKA 5467)	Monarch Lifeworks (FKA Milestones Autism Resources)	Effective upon signature – 12/31/2025	\$0.00	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.

Amendment 1- This amendment is to change the name of the vendor from Milestones Autism Resources to Monarch Lifeworks. Milestones Autism Resources was acquired by Monarch Lifeworks after the execution of the original contract and before payment for services.

Monarch Lifeworks will provide three Autism Training Sessions for Early Childhood Educators, Home Visitors, Infant and Early Childhood Mental Health (IECMH) Specialists, and Child Welfare workers based on the latest research-backed practices and information.

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):

Train up to 120 individuals in the Early Childhood Workforce on how to support young children on the autism spectrum and their families.

Increase knowledge and practical strategies of families with diagnosed and undiagnosed children.

Dispel myths and reduce stigma of autism 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). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Milestone Autism Resources 4853 Galaxy Parkway, Suite A Warrensville Heights, OH 44128	Ilana Hoffer Skoff Executive Director
Vendor Council District:	Project Council District:
9	TBD
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 original contract was executed with the vendor Milestones Autism Resources. After the execution of the original contract, but before services began and payments were made, this vendor was acquired by Monarch Lifeworks. This amendment is to change the name of the vendor from Milestones Autism Resources to Monarch Lifeworks. *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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Health and Human Services Levy – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260240 / 55130 / UCH09999
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. Services have started on this 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):

BC2025-759

(See related items for proposed travel/memberships for the week of 12/1/2025 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 12/1/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT