



**Cuyahoga County Board of Control Agenda
Monday, December 8, 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 – 12/1/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2025-760

Fiscal Office, submitting an amendment to Contract No. 3895 with TEC Communications, Inc. for Amazon Cloud Call Center services, licensing, and technical support for customer service hotlines for the Fiscal Office and Treasurer's Office for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2027, to expand the scope of services, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$256,495.00, effective upon signatures of all parties.

Funding Source: 25% Real Estate Assessment Fund, 43% Treasurers Delinquent Tax Fund, and 32% General Fund

BC2025-761

Department of Information Technology, submitting an amendment to Contract No. 2876 (fka Contract Nos. 951, 268, CE1800466) with Solix Technologies, Inc. for the provision of a Data Lake Repository Tool for the period 11/26/2018 – 11/25/2025 to extend the time period to 11/25/2027, to expand the scope of services and to replace the insurance terms, and for additional funds in the amount not-to-exceed \$429,244.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2025-762

Department of Information Technology, on behalf of Department of Health and Human Services, submitting an amendment to Contract No. 3960 with TEC Communications, Inc., for (5) Amazon Cloud Call Centers, licensing, and technical support for customer service hotlines for various County agencies for the period 1/1/2024 - 12/31/2025 to extend the time period to 12/31/2026, to expand the scope of services, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$180,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2025-763

Sheriff's Department, submitting agreements with various municipalities at a per diem rate of \$234.00 through 12/31/2026 increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$116,000.00 for the period 1/1/2026 – 12/31/2027:

- a) Agreement No. 5763 with Board of Park Commissioners of the Cleveland Metropolitan Park District on behalf of its Police Department in the anticipated amount of \$85,000.00;
- b) Agreement No. 5765 with Village of Bratenahl in the anticipated amount of \$10,000.00;
- c) Agreement No. 5766 with Village of Highland Hills in the anticipated amount of \$11,000.00;
- d) Agreement No. 5767 with Woodmere Village in the anticipated amount of \$10,000.00;

Funding Source: Revenue Generating

BC2025-764

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Child Care Resource Center of Cuyahoga County dba Starting Point in the amount not-to-exceed \$724,403.70 for implementation and management of the Child Care Access and Quality Expansion Program the period 1/1/2026 – 12/31/2026.
- b) Recommending an award and enter into Contract No. 5774 with Child Care Resource Center of Cuyahoga County dba Starting Point in the amount not-to-exceed \$724,403.70 for implementation and management of the Child Care Access and Quality Expansion Program the period 1/1/2026 – 12/31/2026.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda**BC2025-765**

Department of Public Works on behalf of the Sanitary Sewer Division, recommending to declare used camera equipment and various parts that have no value as surplus County-owned property no longer

needed for public use, recommending to discard these items in accordance with Ohio Revised Code Section 307.12(I).

Funding Source: Not Applicable

BC2025-766

Fiscal Department, presenting proposed membership request for the week of 12/8/2025:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Health and Human Services	Ohio Job and Family Services Directors Association	\$21,765.65	1/1/2026 – 12/31/2026	50% Health & Human Service Levy and 50% Federal and State Reimbursement

Purpose of Membership:

History

Established in 1946, the Ohio Job and Family Services Directors' Association (OJFSDA) is a non-profit statewide organization which represents Ohio's 88 County Departments of Job and Family Services (CDJFS).

What We Do

OJFSDA and its membership work directly with the Ohio Department of Job and Family Services and other state agencies to develop responsive and effective employment, training and human services programming. The organization is an office of professionals who assist the membership with the day-to-day communication and facilitation of their activities in the CDJFS system.

OJFSDA communicates key issues and solutions regarding the delivery of social services, to Ohio policymakers, legislators, and other decision makers. OJFSDA promotes effective relationships and cooperation between the state ODJFS, Boards of County Commissioners, and other stakeholders.

BC2025-767

Department of Purchasing, presenting proposed purchases for the week of 12/8/2025:

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
25004745	(1) JLG Electric Scissor Lift	Department of Public Works	Ohio Machinery Co. dba Ohio CAT	\$14,800.00	General Fund

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Department of Housing and Community Development, submitting a Deviation on BC2025-698, dated 11/10/2025 authorized by Section 501.06 of the Cuyahoga County Code which approved an Affordable Federal HOME Loan in the amount of \$450,000.00 to Warner and Swasey, LLC, or its' designee, for the adaptive reuse of the former Warner and Swasey Manufacturing Plant, located in the City of Cleveland to change the number of units from (140) to (112) affordable, newly constructed units.

Funding Source: Federal HOME Funds

Item No. 2

Department of Sustainability, submitting a grant award from George Gund Foundation in the total amount of \$150,000.00 in financial support for the Deputy Chief of Staff Climate and Sustainability position in connection with the administration's focus on climate mitigation efforts for the period 11/7/2025 – 12/31/2026.

Funding Source: George Gund Foundation

Item No. 3

Department of Health and Human Services/Division of Senior and Adult Services, submitting Addendum No. 2 to a Subrecipient Agreement with Cuyahoga County Board of Health for various services in connection with the FY2025 Ryan White HIV/AIDS Treatment Extension Act Part A Program and Minority Aids Initiative for the period 3/1/2025 – 2/28/2026 to change the total amount of the award from \$55,836.00 to \$70,836.00 and to replace Exhibit A with Exhibit A-1, effective upon signature of all parties, as follows:

- a) Home and Community Health Care from \$43,992.00 to \$55,992.00
- b) Home Health Care from \$11,844.00 to \$14,844.00

Funding Source: Cuyahoga County Board of Health through the Health Resources and Services Administration

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
6211 & 7102	5630	Compassion Care Group LP	Master Contract with various providers for out-of-home placement and foster care services; to add a new provider- Compassion Care Group LP, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	2018	Beech Brook	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	4143	ENA, Inc. dba Necco Center	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	4186	Lutheran Homes Society, Inc. dba Genacross Family & Youth Services	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	4139	National Youth Advocate Program, Inc.	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
6211 & 7102	5087 (fka 2004)	Specialized Alternatives for Families & Youth of OH, Inc.	Master Contract with various providers for out-of-home placement and foster care services; to	\$0.00	Department of Health and Human Services/ Division of	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E	(Executive) 12/1/2025 (Law) 12/1/2025

			expand the scope of services, effective 1/1/2025.		Children and Family Services		Reimbursement Fund	
6211 & 7102	2019	The Village Network	Master Contract with various providers for out-of-home placement and foster care services; to expand the scope of services, effective 1/1/2025.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 12/1/2025 (Law) 12/1/2025
14858	4847	GALLS, LLC	To provide law enforcement uniforms; to expand the scope of services to include Ladies clothing items, effective upon signatures of all parties.	\$0.00	Sheriff's Department	1/1/2025-12/31/2027	(Original) General Fund	(Executive) 12/2/2025 (Law) 12/2/2025

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) 12/1/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control

Monday, December 1, 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 11:03 a.m.

Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Anita Curry, Purchasing Manager (Alternate for Paul Porter)

Laura Black, County Council (Alternate for Meredith Turner, Ms. Turner entered the room at 11:25 a.m., Ms. Black continued on as alternate)

Councilmember Michael Houser

Councilmember Robert Schleper

II. – REVIEW MINUTES – 11/24/2025

Michael Chambers motioned to approve the minutes from the November 24, 2025 meeting; Michael Houser 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

BC2025-740

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

Michael Dever, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-740 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked is this in addition to the consulting fees that we had for the legislation associated with the Infor update, the ERP. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-741 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-742 was approved by unanimous vote.

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

Patrick Smock, Department of Human Resources, presented. Michael Houser asked what all does this contract do. I know you are locked in for 5 years; asked what exactly the services are were getting; asked have we contracted with them before; asked have we had issues with them in the past. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2025-743 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. Michael Houser stated I'm sure this is a great program and asked can you tell me a little more, like, how long we've been in partnership with this program and how many youth have gone through the program. The Presenter will follow up. Robert Schleper asked of the nearly 26% increase are we increasing the number of individuals we are serving with these dollars and, if not, why a 26% increase as that would seem significant enough for me to ask the question. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-744 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. Michael Chambers asked are we adding to the contract. Robert Schleper stated we have worked with Applewood Centers for a number of years, they have been a trusted partner and ongoing with the County, so these increases aren't really raising an eyebrow. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-745 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. Katherine A. Gallagher asked are we using CPT dollars to pay for any of the training bulletins for the law enforcement side; asked are you saying the CPT dollars do not qualify for the training bulletins. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-746 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Robert Schleper asked is the work through Cleveland State University, meant specifically for their student population or is this more of a partnership and is for a broader community. Michael Houser asked why this website cost so much; commented so it sounds like they do a lot to keep all the information and everything it has going on in real time; asked is that why we're estimating the amount at \$150,000.00; commented that amount makes more sense now, so were probably paying more for the people instead of the website, per se. Katherine A. Gallagher stated when there was an ask for a fiscal adjustment, she looked at the website and commented, maybe she just wasn't navigating it correctly, but it didn't seem like it was updated to include our County; asked, is that something you can take a look at just to make sure, because you would think that there wouldn't be a lapse. Michael Chambers motioned to approve the item as amended. Michael Dever seconded. Item BC2025-747 was approved by unanimous vote as amended.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-748 was approved by unanimous vote.

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)

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-749 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked is this for staffing; commented he is seeing community resource navigation staffing and software pieces; asked if this is for two years. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-750 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked is this meant to be used countywide through Health and Human Services; asked if he wanted to be a provider would he do this training or is this more for ongoing training for existing providers; asked so this is for somebody who went through six months of in-person training; commented he wished they had this when he went through this process; asked is this meant to replace in-person trainings of the same nature. The Presenter will follow up. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-751 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Michael Houser stated he is sure Legal Aid is more than qualified to handle this. Asked since we only got one bid, do we look to rebid it out or we just went with that one because theirs was the only one. Robert Schleper asked if this would

be a representative from the Legal Aid Society that would go into said educational facility and almost be a liaison between the team in terms of IEP meetings, 504s, so it's just kind of another representative at the table advocating for educational rights. Michael Houser asked do we have a number of how many kids actually take advantage of this program. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-752 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Anitra Curry seconded. Item BC2025-753 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. Robert Schleper asked are these vendors specialized in specific medical services, i.e. Community Dialysis and DaVita are dialysis providers; asked do each of these providers offer distinct types of medical services or do they all provide a broader range of healthcare services. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-754 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. Katherine A. Gallagher asked whether the 2024 Inspector General opinion on this particular PetSmart account with various things been cleared up; like using a cashier's check or even using Federal Equitable or Commissary funds not going to the Board of Control. The Presenter will follow up on the resolution of the Inspector General's opinion. Robert Schleper asked how large our canine unit is, how many dogs is that; asked is this the cost overall to feed them and keep

them or is it for more than that. Michael Chambers asked for clarification of the number of canines between the two units. Michael Houser asked because we have money left over was \$60,000.00 too much initially, is there a way to tell how much money we actually need moving forward. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-755 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented. Robert Schleper asked in any given year how many inmates that might add up to. The Presenter will follow up. Michael Houser asked if the \$400,000.00 is for everything for their entire care in Geauga County. Michael Chambers asked has the daily rate changed or is it the same. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-756 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2025-757 through BC2025-759 as amended; Michael Dever seconded. The Consent Agenda Items were approved by unanimous vote as amended.

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(I).

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

*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 Company, 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
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	\$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)

			redevelopment complex, effective upon signatures of all parties.					
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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Katherine A. Gallagher seconded. The motion to adjourn was unanimously approved at 11:40 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2025-760

Title	Fiscal Department; TEC Communications Inc; Fiscal Call Center
Department or Agency Name	Fiscal Department
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	3895	TEC Communications Inc	1/1/24- 12/31/25	\$240,000.00	BC2023-759	11/27/2023
A-1	3895	TEC Communications Inc	12/31/2027	\$256,495.00	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 cloud-based call center for the Fiscal Department. This amendment will add a wait time and call back feature for the Treasury department and a new queue for our Real property department. It will also extend the contract until 12/31/2027

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):
Manage Call Flows
Add Prompts and Recordings
Eliminate disconnected calls during high volume times

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):
TEC Communications Inc. 20234 Detroit Road Rocky River, OH 44116	Michael Schilling Senior Account Executive
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

List date of TAC approval	Date: 7/17/2025
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Delinquent Tax Assessment Collection- 43%</p> <p>Real Estate Assessment- 25%</p> <p>General Fund- 32%</p>
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>FS251500, FS305100, FS100140, FS100160</p>
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-761

Title	Data Lake Repository 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	CM268	Solix Technologies, Inc.	11/26/2018 – 11/25/2020	\$469,658.00	11/26/2018	BC2018-835
A1	CM268	Solix Technologies, Inc.	11/26/2020 – 11/25/2022	\$423,018.00	12/21/2020	BC2020-666
A2	CM951	Solix Technologies, Inc.	11/26/2022 – 11/25/2024	\$459,386.00	11/21/2022	BC2022-709
A3	CM2876	Solix Technologies, Inc.	11/26/2024 – 11/25/2025	\$353,713.00	11/25/2024	BC2024-860
A4	CM2876	Solix Technologies, Inc.	11/26/2025 – 11/25/2027	\$429,244.00	PENDING	PENDING

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

The Department of Information Technology plans to amend Contract No. CM2876 with Solix Technologies, Inc., to extend the contract through 11/25/2027 for Data Lake Repository Services in the amount of \$429,244.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

This is the 4th contract amendment. Data Lake provides legacy systems hosting and archiving. Contract term 11/26/2025 – 11/25/2027.

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):
Solix Technologies, Inc. 4701 Patrick Henry Drive Building 20 Santa Clara, CA 95054	Russ Puryear SVP Sales
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) RFP <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related ☐ No ☒ Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval

Date:

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

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

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

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

100% General Fund IT100145

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

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

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions): see chart above

BC2025-762

Title	2 nd Amendment HHS Call Center Services	
Department or Agency Name	Department of Information Technology on behalf of the Department of Health & Human Services / Division 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	CM3960	TEC Communications, Inc.	01/01/2024 – 12/31/2024	\$151,200.00	12/11/2024	BC2023-799
A1	CM3960	TEC Communications, Inc.	01/01/2025 – 12/31/2025	\$176,100.00	11/21/2024	BC2024-825
A2	CM3960	TEC Communications, Inc.	01/01/2026 – 12/31/2026	\$180,000.00	PENDING	PENDING

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

The Department of Information Technology on behalf of the Department of Health & Human Services / Division of Information Technology plans to amend Contract No. CM3960 with TEC Communications, Inc., to change the scope of services to add the AWS Data Extract Process and extend the time period to December 31, 2026 for HHS Call Center Services in the amount of \$180,000.00. This request is for a second amendment to contract CM3960.

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):
 HHS currently has 5 call centers with 1 being the Kid's Hotline. TEC has customized all 5 call centers throughout HHS. HHS will be exploring RFP after this contract.

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

Vendor Name and address:	Owner, executive director, other (specify):
TEC Communications, Inc. 20234 Detroit Road	Michael Schilling Owner

Rocky River, Ohio 44116	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The call centers are currently managed by TEC Communications. This request is for a 2 nd amendment to the approved existing contract. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> 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:08/21/2025</td> </tr> </table>	List date of TAC approval	Date:08/21/2025
List date of TAC approval	Date:08/21/2025	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input 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% HS260110 Health & Human Services Levy
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2025-763 (a)

Title	CLEVELAND METROPOLITAN PARK DISTRICT PRISONER BOARD & CARE AGREEMENT
Department or Agency Name	SHERIFF'S DEPARTMENT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5763	Board of Park Commissioners of the Cleveland Metropolitan Park District on behalf of its	1/1/2026 – 12/31/2027	REVENUE GENERATING Estimated revenue \$85,000	CURRENT ITEM	

		Police Department				
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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.

The Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Cleveland Metropolitan Park District.

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

Estimated revenue \$85,000

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):

Jail regionalization

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 Metropolitan Park District 4101 Fulton Parkway Cleveland, Ohio 44144	Ken D. Schabitzer, Chief
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a revenue generating agreement with a local municipality and could not be competitively bid out. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</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. Revenue generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> 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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Revenue generating

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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/12/25
Date documents were requested from vendor:	9/19/25
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	9/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input 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)	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
O	AG1900213	Board of Park Commissioners of The Cleveland Metropolitan Park District	1/1/2020 – 12/31/2020	REVENUE GENERATING Estimated revenue \$3,000.00 Per diem \$105.26	3/16/2020	BC2020-130
1	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	Ending 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-676
2	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/22	REVENUE GENERATING Estimated revenue \$35,000.00	11/8/21	BC2021-640
3	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/23	REVENUE GENERATING Estimated revenue \$30,000.00	11/14/22	BC2022-695

4	345	Board of Park Commissioners of The Cleveland Metropolitan Park District	ENDING 12/31/25	REVENUE GENERATING estimated revenue \$25,000.00 Per diem \$173.00	12/11/23	BC2023-803
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BC2025-763 (b)

Title	VILLAGE OF BATENAHL PRISONER BOARD & CARE AGREEMENT
Department or Agency Name	SHERIFF'S DEPARTMENT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5765	VILLAGE OF BATENAHL	1/1/2026 – 12/31/2027	REVENUE GENERATING Estimated revenue \$10,000	CURRENT ITEM	

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 Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Village of Bratenahl.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
Estimated revenue \$10,000

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):
Jail regionalization

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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Bratenahl Police Dept. 411 Bratenahl Rd. Bratenahl, Ohio 44108	Charles LoBello, Chief
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	

<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Revenue generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> 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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Revenue generating

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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/12/25
Date documents were requested from vendor:	9/19/25
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	9/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input 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/ Council’s Journal Date	Approval No.

O		Village of Bratenahl	8/1/2020 – 12/31/2020	REVENUE GENERATING	6/15/2020	BC2020-339
1	119	Village of Bratenahl	1/1/21-12/31/21	REVENUE GENERATING	12/21/20	BC2020-673
2	119	Village of Bratenahl	12/31/21	REVENUE GENERATING estimated revenue \$4,000	11/8/21	BC2021-640
3	119	Village of Bratenahl	12/31/22	REVENUE GENERATING, estimated revenue \$4,000	11/14/22	BC2022-695
4	119	Village of Bratenahl	12/31/24	REVENUE GENERATING, estimated revenue \$10,000	12/11/23	BC2023-803

BC2025-763 (c)

Title	VILLAGE OF HIGHLAND HILLS PRISONER BOARD & CARE AGREEMENT
Department or Agency Name	SHERIFF'S DEPARTMENT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5766	VILLAGE OF HIGHLAND HILLS	1/1/2026 – 12/31/2027	REVENUE GENERATING Estimated revenue \$11,000.00	CURRENT ITEM	

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 Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Village of Highland Hills.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
 Estimated revenue \$11,000.00

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): Jail regionalization	

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):
Village of Highland Hills 3700 Northfield Rd Highland Hills, Ohio 44122	Thomas O'Donnell, Law 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 is a revenue generating agreement with a local municipality and could not be competitively bid out. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</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.
Revenue generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> 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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Revenue generating

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: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/12/25
Date documents were requested from vendor:	9/19/25
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	9/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council's Journal Date	Approval No.
0	AG2000218	VILLAGE OF HIGHLAND HILLS	1/1/2020 – 12/31/2020	REVENUE GENERATING \$20,000.00 Per diem \$105.26	3/16/2020	BC2020-183
1	129	VILLAGE OF HIGHLAND HILLS	1/1/21- 12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/20	BC2020-674
2	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/22	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/8/21	BC2021-640
3	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/23	REVENUE GENERATING estimated amount \$20,000.00 No rate changes	11/14/22	BC2022-695
4	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/24	REVENUE GENERATING estimated amount \$10,000.00 Per diem \$173.00	12/11/2023	BC2023-803
5	129	VILLAGE OF HIGHLAND HILLS	ENDING 12/31/25	REVENUE GENERATING estimated amount \$10,000.00 Per diem	12/23/24	BC2024-979

				\$189.34		
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BC2025-763 (d)

Title	VILLAGE OF WOODMERE PRISONER BOARD & CARE AGREEMENT
Department or Agency Name	SHERIFF'S DEPARTMENT
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5767	WOODMERE VILLAGE	1/1/2026 – 12/31/2027	REVENUE GENERATING Estimated revenue \$10,000.00	CURRENT ITEM	

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 Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Village of Woodmere.

Indicate whether: ☐ New service/purchase ☒ Existing service/purchase ☐ Replacement for an existing service/purchase (provide details in Service/Item Description section above)
 Estimated revenue \$10,000.00

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):
 Jail regionalization

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):
Village of Woodmere 27899 Chagrin Blvd Woodmere, Ohio 44122	John Patterson, Chief
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" 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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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Revenue generating
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> 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. N/A
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Revenue generating

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: N/A
Timeline
Project/Procurement Start Date (date your team started working on this item): 9/12/25
Date documents were requested from vendor: 9/19/25
Date of insurance approval from risk manager: N/A
Date Department of Law approved Contract: 9/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A
If late, have services begun? <input 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): N/A

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC Approved/ Council’s Journal Date	Approval No.
O	AG2000220		1/1/20 – 12/31/20	REVENUE GENERATING Estimated revenue \$5,000.00 Per diem \$105.26	3/16/2020	BC2020-129

1	131	Village of Woodmere	1/1/21-12/31/21	REVENUE GENERATING Per diem \$122.12	12/21/2020	BC2020-676
2	131	Village of Woodmere	ENDING 12/31/22	REVENUE GENERATING Estimated revenue \$3,000.00 Per diem \$122.12	11/8/21	BC2021-640
3	131	Village of Woodmere	ENDING 12/31/23	REVENUE GENERATING Estimated revenue \$3,000.00	11/14/22	BC2022-695
4	131	Village of Woodmere	ENDING 12/31/25	REVENUE GENERATING Estimated revenue \$5,000.00 Per diem \$173.00	12/11/23	BC2023-803

BC2025-764

Title	Office of Early Childhood; 2024-2025 Starting Point; Child Care Access and Quality Expansion Program.	
Department or Agency Name	Office of Early Childhood/Invest In Children	
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	5774	Child Care Resource Center of Cuyahoga County dba Starting Point	1/1/2026-12/31/2026	\$724,403.70	Pending	Pending

Service/Item Description (include quantity if applicable). Indicate whether ☐ New or ☒ Existing service or purchase.

Starting Point will continue to implement programs and services, which are core elements to having a quality Early Care and Education Professional Development System for child care centers. These program include:

T.E.A.C.H. is responsible for oversight, planning, and administration in conjunction with Cuyahoga County, Ohio Department of Job and Family Services (ODJFS), and Ohio Child Care Resource and Referral Association (OCCRRA); recruiting, maintaining, and tracking information for T.E.A.C.H. scholars in collaboration with OCCRA.

Language Environment Analysis (LENA) Grow Program: Starting Point staff members will be involved with planning, policy, and procedure development; oversight and administration of the LENA Grow Program in conjunction with the Office of Early Childhood (OEC).

Early Care & Education Center Capacity Expansion System: This program is tasked with increasing the supply of quality child care through start-up or expansion of early care and education programs in neighborhoods where care is essential to meet the needs of families as determined by research on supply for child care.

Training and Technical Assistance for Center Expansion: Facilitation of business management training and technical assistance for potential child care center owners. Starting Point will conduct initial and individualized technical assistance sessions, including site selection, zoning, architect design, business plan development, creation of a finance package, personnel management, licensing, and quality programming.

Child Care Referral: Starting Point will maintain referral services 24-hours a day/7 days per-week via website and telephone consultation. Provide families with a menu of services to identify child care, caregiver education on high-quality child care; information about child development, early learning, and school success; child care subsidy programs; and other related resources as needed.

Billie Osborne-Fears Child Care Scholarship Program will provide child care tuition assistance for low-to-moderate-income parents and caregivers. The scholarship will also provide client intake and screening, including parent/caregiver employment or training, income, and dates and times child care is needed, to determine program eligibility.

Community Planning will educate community stakeholders on accessibility, availability, and quality in early care and education services. This may include consulting legislators, funders, planners, employers, organizations, and institutions of higher learning.

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):

Increase professional development opportunities for early care and education professionals in Cuyahoga County.

Provide financial resources to enable education professionals to attend colleges and universities.

Expand the availability and accessibility of childcare centers, especially for working families in high-need neighborhoods.

Provide specialized outreach and recruitment efforts to inform parents of high-quality childcare/early education programs for Cuyahoga County's Universal Prekindergarten (UPK), and ODJFS Step Up To Quality high-quality rated programs.

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):
Child Care Resource Center of Cuyahoga County dba Starting Point 6001 Euclid Avenue, Suite 200 Cleveland, OH 44103	Nancy Mendez
Vendor Council District:	Project Council District:
Council District 7	County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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. Starting Point is designated by the Ohio Department of Jobs and Family Services (ODJFS) as the childcare resource and referral agency for Cuyahoga, Lake, Geauga, and Ashtabula counties. Starting Point aids parents needing care for their children, assistance to childcare providers in need of technical assistance and training, and assistance to employers seeking quality childcare for their employees. They are often considered to be the best qualified and most logical vendor to provide services under this contract. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input 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 checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Ongoing	
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	4317 FKA 3687	Child Care Resource Center of Cuyahoga County dba Starting Point	1/1/2024-12/31/2025	\$1,700,816.02	12/5/2023	R2023-0342

C. - Consent Agenda

BC2025-765

TITLE	Public Works – Sanitary Sewer Division – Sewer Camera Disposal
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:	The Department of Public Works is declaring five (5) pallets of sewer camera equipment with approximately 25 pieces of broken equipment as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. All equipment to be disposed is old, broken and has already been stripped for parts.
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Equipment No.	Item	Quantity
505-003522	Sewer camera and related parts	1
SE 5621	Sewer camera and related parts	1
Missing serial number	Sewer camera and related parts	1
20-050780	Sewer camera and related parts	1

20-037079	Sewer camera and related parts	1
91-024549	Sewer camera and related parts	1
SP 1340	Sewer camera and related parts	1
91-019005	Sewer camera and related parts	1
149-013487	Sewer camera and related parts	1
91-018698	Sewer camera and related parts	1
Missing serial number	Sewer camera and related parts	1
21120742	Sewer camera and related parts	1
21120739	Sewer camera and related parts	1
21121488	Sewer camera and related parts	1
20-050783	Sewer camera and related parts	1
20-041923	Sewer camera and related parts	1
20-038913	Sewer camera and related parts	1
20-038917	Sewer camera and related parts	1
LT-1000 (box of parts)	Sewer camera and related parts	1
149-013451	Sewer camera and related parts	1
505-004442	Sewer camera and related parts	1
20-041555	Sewer camera and related parts	1
20-042356	Sewer camera and related parts	1
20-039010	Sewer camera and related parts	1
Missing serial number	Sewer camera and related parts	1

BC2025-766

(See related items for proposed membership for the week of 12/8/2025 in Section C above).

BC2025-767

(See related items for proposed purchases for the week of 12/8/2025 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Briefing Memo – not applicable

Item No. 2

TITLE	Climate Action Leadership Grant
DEPARTMENT OR AGENCY NAME	Department of Sustainability

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Climate Action Leadership		\$150,000	1/29/2024	CON2024-11
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	Grant funds will be used to continue the support the Deputy Chief of Sustainability and Climate. This position supports the administration's focus on ensuring that Cuyahoga County is a leader in renewable energy, climate resilience and green manufacturing. Continuing work to capitalize on the County's physical assets by leading efforts in sustainability, promoting green and blue industries, cleaning our river and lakefront and improving quality of life in Northeast Ohio.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Communicate and demonstrate the County's position on Sustainability efforts.				
	Prepare and execute the County's Climate Action Plan.				
	Coordinating with regional partners on climate and sustainable efforts.				

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

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

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

Item No. 3

TITLE	2025-2026 Ryan White HIV/Aids Treatment- Addendum 2-DSAS
DEPARTMENT OR AGENCY NAME	Department of Senior and Adult Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" 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)	Ryan White Part A HIV/Aids	3/1/2025- 2/28/2026	\$24,623.00	7/14/2025	CON2025-69									
AMENDMENT (A-1)	Ryan White Part A HIV/Aids	3/1/2025- 2/28/2026	\$31,213.00	9/15/2025	CON2025-81									
Amendment 2	Ryan White Part A HIV/Aids	3/1/2025- 2/28/2026	\$15,000.00	Pending	Pending									
DESCRIPTION/ EXPLANATION OF THE GRANT:		Services to be provided include Home and Community-Based Health Services and Home Health Care in connection with FY2019 Ryan White HIV/AIDS Treatment Extension Act Part A program and minority aids initiative. This is an Addendum 1 to previous Agreement. Exhibit A is replaced by Exhibit A-1. Shall not to exceed \$70,836.00												
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		They will provide each client with information and referral regarding all RW Act Part A services and providers and other community services for persons living with HIV/AIDS.												
		<table border="1"> <thead> <tr> <th>Core Service Category</th><th>Award</th><th>Reimbursement Model</th></tr> </thead> <tbody> <tr> <td>Home and Community Healthcare</td><td>\$55,992.00</td><td>Line Item -Supporting Documentation with every invoice submission</td></tr> <tr> <td>Home Healthcare</td><td>\$14,844.00</td><td>Line Item -Supporting Documentation with every invoice submission</td></tr> </tbody> </table>			Core Service Category	Award	Reimbursement Model	Home and Community Healthcare	\$55,992.00	Line Item -Supporting Documentation with every invoice submission	Home Healthcare	\$14,844.00	Line Item -Supporting Documentation with every invoice submission	
		Core Service Category	Award	Reimbursement Model										
		Home and Community Healthcare	\$55,992.00	Line Item -Supporting Documentation with every invoice submission										
Home Healthcare	\$14,844.00	Line Item -Supporting Documentation with every invoice submission												
Subrecipient Part A Award Total:		\$70,836.00												

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Mr. Roderick Harris, PHD Cuyahoga County Board of Health 5550 Venture Drive, Parma OH 44130
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 4

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

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

Item No. 4

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 12/8/2025 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT