



**Cuyahoga County Board of Control Agenda  
Monday, December 22, 2025 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

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

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

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 12/15/2025**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-789**

Department of Public Works, submitting an amendment to a Revenue Generating Agreement (via Contract No. 3011) with Belle Oaks New Community Authority for sanitary sewer mainline maintenance services, County Sewer District 3 located in the City of Richmond Heights for the period 12/27/2022 – 12/31/2025 to extend the time period to 12/31/2027, to change the terms and to provide the hourly rates schedule for 2026 and for additional revenue in the anticipated amount not-to-exceed \$100,000.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2025-790**

Department of Public Works, submitting an amendment to Contract No. 4228 with Warren Roofing & Insulating, LLC for partial recladding of the Cuyahoga County Justice Center Jail Connector for the period 2/2/2024 through project completion, to expand the scope of services for existing construction, and for additional funds in the amount not-to-exceed \$71,531.12, effective upon signatures of all parties.

Funding Source: Capital Improvement Plan

**BC2025-791**

Department of Public Works, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5007) with City of Cleveland Heights for maintenance and repair of storm and sanitary sewers located

in County Sewer District No. 17 for the period 1/1/2025-12/31/2025 to extend the time period to 12/31/2026, to change the terms and to provide the hourly rates schedule for 2026, and for additional revenue in the amount not-to-exceed \$600,000.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2025-792**

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5799) with Village of Glenwillow in the amount not-to-exceed \$35,000.00 for storm and sanitary sewer system services located in County Sewer District No. 11 for the period 1/1/2026 - 12/31/2026.

Funding Source: Revenue Generating

**BC2025-793**

Department of Information Technology, submitting an amendment to Contract No. 4092 with OneSparQ, LLC for staff augmentation services for the Enterprise Resource Planning System in connection with the implementation of various Global Human Resources modules for the period 2/22/2024 - 12/31/2025 to extend the time period to 12/31/2026, to expand the scope of services, to change the terms and to update the insurance requirements and for additional funds in the amount not-to-exceed \$150,800.00, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-794**

Department of Information Technology, submitting an amendment to Contract No. 5748 (fka Contract Nos. 1086, CE1500162, CE1400136) with AT&T Corporation for Centrex telephone and messaging services for the period 6/1/2014 – 12/31/2025 to extend the time period to 12/31/2026 to change the terms, and for additional funds in the amount not-to-exceed \$400,000.00, effective upon signatures of all parties.

Funding Source: General Fund

**BC2025-795**

Department of Information Technology, recommending an award on Purchase Order No. 25004922 with MNJ Technologies Direct Inc. in the amount not-to-exceed \$23,574.00 for a state contract purchase of (35) 27-inch WQHD monitors and (32) 24-inch HD monitors for the Veterans' Service Commission.

Funding Source: General Fund

**BC2025-796**

Department of Human Resources, recommending an award on RQ16224 and enter into Agreement No. 5808 with The MetroHealth System dba Skyway fka MetroHealth Select (39-9) in the amount not-to-exceed \$520,800.00 for a Wellness Incentive Programming Platform and companion services for County employees for the period 1/1/2026 – 12/31/2027.

Funding Source: Self-Insurance Fund

**BC2025-797**

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Journey Center for Safety and Healing in the amount not-to-exceed \$202,780.89 for employment of a full time Justice System Advocate to provide advocacy services in connection with FY2025 Office on Violence Against Women Justice for Families Program for the period 1/1/2026 – 9/30/2028.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 5792) with Journey Center for Safety and Healing in the amount not-to-exceed \$202,780.89 for employment of a full time Justice System Advocate to provide advocacy services in connection with FY2025 Office on Violence Against Women Justice for Families Program for the period 1/1/2026 – 9/30/2028.

Funding Source: U. S. Department of Justice, Office on Violence Against Women

**BC2025-798**

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$500,000.00 for fiscal agent and program operator services for the First Year Cleveland Initiative to reduce the infant mortality rates in Cuyahoga County for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 5798 with Case Western Reserve University in the amount not-to-exceed \$500,000.00 for fiscal agent and program operator services for the First Year Cleveland Initiative to reduce the infant mortality rates in Cuyahoga County for the period 1/1/2026 - 12/31/2027.

Funding Source: Health and Human Services Levy Fund

**BC2025-799**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on RQ15600 and enter into Contract No. 5660 with Lionbridge Technologies, LLC (49-4) in the amount not-to-exceed \$564,000.00 for oral and sign language interpretation and written translation services for individuals served at Cuyahoga County offices, for the period 1/1/2026 – 12/31/2026.

Funding Source: 95.04% Federal Temporary Assistance for Needy Families (TANF) dollars; Fund; 1.77% Witness/Victim Levy Funds; 1.06% Consumer Affairs-General Fund; 0.89% Fiscal-Treasure Office – General Fund; 0.53% Office of Emergency Management-General Fund; 0.44% Real Estate Assessment Funds; 0.27% Personnel Review Commission-General Fund

**BC2025-800**

Sheriff's Department, submitting an amendment to Agreement No. 86 with City of Euclid for inmate housing services for the period 2/1/2020 – 12/31/2025 to extend the time period to 2/28/2026 and for additional revenue in the anticipated amount of \$100,000.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2025-801**

Sheriff's Department, submitting a Revenue Generating Agreement (via Contract No. 5764) with Mayfield Village 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 anticipated amount of \$2,000.00 for the period 1/1/2026 – 12/31/2027.

Funding Source: Revenue Generating

**BC2025-802**

Medical Examiner's Office, submitting a Revenue Generating Agreement (via Contract No. 5802) with County of Ashland, on behalf of the Coroner of Ashland County in the anticipated amount not-to-exceed \$216,000.00 for autopsy and other scientific testing services, for the period 1/1/2026 – 12/31/2028.

Funding Source: Revenue Generating

**BC2025-803**

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5811 with Clearview AI, Inc. (32-2) in the amount not-to-exceed \$59,995.00 for a web-based social media and open-source image recognition and alert platform, training services and (8) user licenses for use by the Northeast Ohio Regional Fusion Center, for the period 11/30/2025 – 11/29/2026, effective upon signatures of all parties.

Funding Source: FY24 Urban Area Security Initiative (UASI)

**C. – Exemptions****BC2025-804**

Department of Public Works, recommending an alternative procurement process, which will result in award recommendations and issuance of purchase orders to various vendors in the amount not-to-exceed \$300,000.00 for the purchase of concrete materials on an as-needed basis for repair and maintenance projects throughout Cuyahoga County for the period 1/1/2026-12/31/2027.

- a) Carr Bros., Inc.
- b) Triple Crown Trucking LLC
- c) RAR Contracting Co., Inc.
- d) Westview Concrete Corp.

Funding Source: Road and Bridge Fund and General Fund (percentage dependent upon the project)

**BC2025-805**

Department of Public Works, recommending an alternative procurement process, which will result in award recommendations and issuance of purchase orders to Factory Authorized Dealers in the amount not-to-exceed \$1,000,000.00 for vehicle and equipment repairs, parts and services for the period 1/1/2026-12/31/2027.

Funding Source: Road and Bridge Fund, Sanitary Sewer Fund, and General Fund (percentage dependent upon the project)

**BC2025-806**

Department of Public Works, recommending an alternative procurement process, which will result in various award recommendations and issuance of purchase orders to P&P Valley View Holdings Inc. dba Boyas Excavating in the total amount not-to-exceed \$250,000.00 for disposal of clean fill for the period 2/5/2026 - 12/31/2027.

Funding Source: 65% Sanitary Sewer Fund and 35% Road and Bridge Fund

**D. – Consent Agenda****BC2025-807**

Department of Purchasing, presenting proposed purchases for the week of 12/22/2025:

**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
25004900	(2) Chevy Express Van Buildouts	Department of Public Works	Hall Public Safety Upfitters	\$27,672.10	General Fund
25004898	Printing and mailing of materials associated with the Easy Pay program.	Fiscal Office	Weekley's Mailing Service	\$11,875.00	Prepayment Interest Fund

**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
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NA	3946	Platinum Plumbing, Inc., dba Mayer Plumbing	Master Contract with various providers for emergency plumbing services on an as-needed basis.	\$0.00	Department of Public Works	12/18/2023 – 12/18/2025 <b>to extend the time period to 12/18/2026</b>	(Original) Sanitary Fund	(Executive) 12/15/2025 (Law) 12/16/2025
NA	3947	McPhillips Plumbing, Heating & Air Conditioning Company	Master Contract with various providers for emergency plumbing services on an as-needed basis.	\$0.00	Department of Public Works	12/18/2023 – 12/18/2025 <b>to extend the time period to 12/18/2026</b>	(Original) Sanitary Fund	(Executive) 12/15/2025 (Law) 12/16/2025
46115 (Buy Speed)	4533 (fka 1487, 20000696	Partners Environmental	General Environmental Consultant Services	\$0.00	Department of Public Works	6/1/2020- 12/31/2025 <b>to extend the time period to 6/30/2027</b>	(Original) General Fund	(Executive) 12/15/2025 (Law) 12/12/2025
10237	5129 (fka 2886	GHD Services Inc.	Gold Coast Lakefront-Multimodal Facility project in the City of Lakewood	\$0.00	Department of Public Works	12/19/2022- 12/31/2025 <b>to extend the time period to 7/31/2027</b>	(Original) 64% FEMA HMGP Grant; 11% Coastal Management Assistance Grant and (c) 25% General Fund – American Rescue Plan Act (ARPA) Revenue Replacement /Provision of Government Services	(Executive) 12/15/2025 (Law) 12/12/2025
NA	NA	Franklin County Sheriff's Office	Memorandum of Understanding for equipment sharing agreement between the Cuyahoga County Prosecutor's Internet Crimes Against Children Ohio Task Force and the Franklin County Sheriff's Office; for the use of an existing ICAC Truck for task force operations.	\$0.00	County Prosecutor	effective upon signatures of all parties for 5 years.	NA	(Executive) 12/16/2025 (Law) 12/17/2025

**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
R2025-0267	Rehabilitation of McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights- Council District 8 – Pernel Jones Jr.	\$3,000,000.00		80% Federal Funds (\$2,400,000.00) 20% Road and Bridge Fund (\$600,000.00)	(Executive) 12/15/2025

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

## Minutes

Cuyahoga County Board of Control

Monday, December 15, 2025 - 11:00 A.M.

County Headquarters

2079 East Ninth Street

Committee Room B

### **I – CALL TO ORDER**

The meeting was called to order at 11:01 a.m.

#### Attending:

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

Michael Chambers, Fiscal Officer, serving as Chairman

Michael Dever, Director Department of Public Works

Paul Porter, Director, Department of Purchasing

Councilmember Meredith Turner

Laura Black, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 12/8/2025**

Michael Chambers motioned to approve the minutes from the December 8, 2025, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

### **III. – PUBLIC COMMENT**

There was no public comment.

### **IV. – CONTRACTS AND AWARDS**

#### **A. – Tabled Items**

#### **B. – New Items for Review**

##### **BC2025-768**

Department of Public Works, submitting an amendment to Contract No. 4323 with Shippers Highway Express, Inc. for shipping, handling, and storage services for the Board of Elections' Caterpillar generator for the period 3/22/2024 – 9/21/2025 to extend the time period to 12/31/2026, and for additional funds in the amount not-to-exceed \$11,500.00, effective upon signatures of all parties.

Funding Source: Capital Projects-General Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-768 was approved by unanimous vote.



#### **BC2025-769**

Department of Public Works, submitting an amendment to Contract No. 4452 (fka Contract No. 1303) with Palmer Engineering Company for general engineering services for the period 5/19/2021 – 12/31/2025 to extend the time period to 12/31/2026, and for additional funds in the amount not-to-exceed \$50,000.00, effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

Eric Mack, Department of Public Works, presented. Robert Schleper asked what the determining factor is when you say kind of an emergency situation; asked what's the process to make that determination that we need to do this. Meredith Turner commented although it isn't relevant I am going to ask anyway. Asked, who is responsible for snow removal on the 210 bridges; asked if maintenance is not happening on a particular bridge what is the procedure. Michael Dever responded that in 2017 the responsibility for these structures went back to the communities. The minor maintenance of the bridges is wholly on the communities, which includes the day-to-day maintenance and snow clearing. Meredith Turner again asked what the procedure is, if a bridge is not being maintained. She commented she is talking about a particular bridge on Kinsman that she drives down every morning where CMHA kind of sits right down at the bottom of the hill and where she has witnessed multiple pedestrians almost get hit by cars because they can't walk on the sidewalk. There are no businesses along there. She has reached out to the City and they are not claiming responsibility so she called the Council President. Mike Dever repeated it is the city's ultimate responsibility for the clearing of the snow on that bridge.

Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-769 was approved by unanimous vote.

#### **BC2025-770**

Department of Public Works on behalf of the Department of Health and Human Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Elrawy Real Estate Inc. in the amount not-to-exceed \$12,500.00 for 50 parking spaces located ~~in the parking facility~~ at 2921 Prospect Avenue, Cleveland for the period 11/15/2025 – 11/30/2026.
- b) Recommending an award and enter into a Parking Space License Agreement (via Contract No. 5769) with Elrawy Real Estate Inc. in the amount not-to-exceed \$12,500.00 for 50 parking spaces located in the parking facility at 2921 Prospect Avenue, Cleveland for the period 11/15/2025 – 11/30/2026.

Funding Source: Capital Project - General Fund

Paul Sturman, Department of Public Works, presented. Meredith Turner asked is the parking underground or is it the surface lot on the southside of Euclid. Paul Sturman responded that it is a surface lot. The agenda caption was amended to remove "~~in the parking facility~~". Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. Item BC2025-770 was approved by unanimous vote as amended.

**BC2025-771**

Department of Public Works, submitting a Revenue Generating Agreement (via Agreement No. 5777) with City of Seven Hills in the amount not-to-exceed \$300,000.00 for storm and sanitary sewer system services located in County Sewer District No. 2 for the period 1/1/2026 - 12/31/2026.

Funding Source: Revenue Generating

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-771 was approved by unanimous vote.

**BC2025-772**

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5797) with City of Lakewood in the amount not-to-exceed \$300,000.00 for storm and sanitary sewer system services for the period 1/1/2026 – 12/31/2026.

Funding Source: Revenue Generating

Eric Mack, Department of Public Works, presented. Robert Schleper asked do we have this agreement with every municipality; asked is the \$300k based on size of community, population and usage. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-772 was approved by unanimous vote.

**BC2025-773**

Department of Development,

- a) Submitting an RFP exemption, which will result in an award recommendation to Heinen's, Inc. in the amount not-to-exceed \$50,000.00 in support of a reconfiguration project, including but not limited to construction and/or renovating a restroom in the Heinen's Grocery Store located at 900 Euclid Avenue, Cleveland, effective upon signatures of all parties through 12/31/2026.
- b) Recommending an award and enter into an Incentive Agreement (via Contract No. 5726) with Heinen's, Inc. in the amount not-to-exceed \$50,000.00 in support of a reconfiguration project, including but not limited to construction and/or renovating a restroom in the Heinen's Grocery Store located at 900 Euclid Avenue, Cleveland, effective upon signatures of all parties through 12/31/2026.

Funding Source: Economic Development Fund

Paul Herdeg, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-773 was approved by unanimous vote.

**BC2025-774**

Fiscal Department, recommending an award and enter into Agreement No. 5783 with State of Ohio, Office of the Auditor, Local Government Services in the amount not-to-exceed \$117,000.00 to prepare the Comprehensive Annual Financial Report for Calendar Year 2025 for the period 1/1/2026 – 12/31/2026.

Funding Source: General Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-774 was approved by unanimous vote.

**BC2025-775**

Department of Information Technology, submitting an amendment to Contract No. 3983 with Sterling Data Center dba Bluebridge Networks for lease of space located at 1255 Euclid Avenue, Cleveland, to house and maintain County-owned fiber and server racks for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2028, to replace insurance requirements, and for additional funds in the amount not-to-exceed \$599,854.25, effective 1/1/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-775 was approved by unanimous vote.

**BC2025-776**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase for renewal of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2026 – 1/30/2027.
- b) Recommending an award on Purchase Order No. 25004751 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$13,644.00 for a joint cooperative purchase for renewal of (18) Pluralsight Skills Enterprise licenses for the period 1/31/2026 – 1/30/2027.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-776 was approved by unanimous vote.

**BC2025-777**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to MRK Technologies, Ltd dba Inversion6 in the amount not-to-exceed \$47,911.50 for the purchase of various Abnormal Cloud Security subscription services platforms for the period 12/1/2025 - 3/30/2026.

- b) Recommending an award on Purchase Order No. 25004794 to MRK Technologies, Ltd dba Inversion6 in the amount not-to-exceed \$47,911.50 for the purchase of various Abnormal Cloud Security subscription services platforms for the period 12/1/2025 - 3/30/2026.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked when looking at the name abnormal cloud security subscription is this an additional layer of protection or for non-traditional situations that might arise and just an added piece for what we currently have. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-777 was approved by unanimous vote.

**BC2025-778**

Clerk of Courts, recommending an award on Purchase Order No. 25004750 to United States Postal Service in the amount not-to-exceed \$200,000.00 for the purchase of refill postage for the period 12/21/2025 – 1/31/2026, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

Angela Williamson, Clerk of Court, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-778 was approved by unanimous vote.

**BC2025-779**

Sheriff's Department, submitting an amendment to a Contract No. 4984 with Versaterm Public Safety US, Inc. for Professional Standards Software Solutions for the period 1/1/2022-12/31/2025 to extend the time period to 12/31/2026, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$29,911.50, effective upon signatures of all parties.

Funding Source: 66.7% General Fund and 33.3% Sheriff Central Security Internal Service Fund

Chris Costin, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-779 was approved by unanimous vote.

**BC2025-780**

Medical Examiner's Office, submitting an amendment to Contract No. 2504 with Alere San Diego Inc. dba Immunalysis for purchase of Enzyme Linked Immunosorbent Assay (ELISA) Reagent Kits and Tecan EVOware software maintenance for the Toxicology Department for the period 6/28/2022 – 12/27/2025 to extend the time period to 12/26/2026 and for additional funds in the amount not-to-exceed \$90,000.00, effective upon signature of all parties.

Funding Source: General Fund

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-780 was approved by unanimous vote.

**BC2025-781**

Department of Public Safety and Justice Services, requesting authority to apply for grant funds from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$25,807.48 for management of the FY2025 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2026 – 3/31/2027.

Funding Source: 75% (\$19,355.61) Ohio Department of Public Safety/Office of Criminal Justice Services and 25% (\$6,451.87) Cash Match – General Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-781 was approved by unanimous vote.

**BC2025-782**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5117) with Cuyahoga County Board of Developmental Disabilities for reimbursement of staffing services for the DD Medicaid Waiver Program, for the period 1/1/2025-12/31/2025 to extend the time period to 12/31/2026, to change the terms, and for additional anticipated revenue in the amount not-to-exceed \$312,000.00, effective 1/1/2026.

Funding Source: Revenue Generating

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-782 was approved by unanimous vote.

**BC2025-783**

Department of Health and Human Services/Division of Children and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Manicz Media LLC in the amount not-to-exceed \$60,000.00 for digital advertising and search placement services for awareness and outreach of child abuse and neglect prevention services for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 5779 with Manicz Media LLC in the amount not-to-exceed \$60,000.00 for digital advertising and search placement services for awareness and outreach of child abuse and neglect prevention services for the period 1/1/2026 - 12/31/2027.

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. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-783 was approved by unanimous vote.

#### **BC2025-784**

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5453) with McGregor Pace for direct care staff for personal care support services to participants in the All-Inclusive Care for the Elderly (PACE) program for the period 4/1/2025-12/31/2025 to extend the time period to 12/31/2028 and to remove the maximum limit on the total amount payable under the Agreement, effective 1/1/2026.

Funding Source: Revenue Generating

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2025-784 was approved by unanimous vote.

#### **C. – Exemptions**

#### **BC2025-785**

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an alternative procurement process, which will result in various award recommendations to various providers in the total amount not-to-exceed \$40,000.00 for non-emergency client transportation services for the period 1/1/2026 – 12/31/2026:

- a) ABC Taxi in the total amount not-to-exceed \$15,000.00.
- b) Ace Taxi in the total amount not-to-exceed \$25,000.00.

Funding Source: Health and Human Services Levy Fund fully reimbursable Medicaid NET Non-Emergency Transportation Federal

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-785 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. BC2025-786 through BC2025-788; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

#### **BC2025-786**

Department of Public Works, submitting an amendment to Contract No. 4336 with Karvo Companies, Inc. for resurfacing of Sheldon Road from Engle Road to Smith Road in the Cities of Brook Park and Middleburg Heights in connection with the 2021-2024 Transportation Improvement Program, for a decrease in the amount of (\$161,874.00); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 76% Federal, 20% Ohio Public Works Commission, 2%, Municipalities and 2% \$5.00 Motor Vehicle License Tax Fund

**BC2025-787**

Department of Health and Human Services, submitting an amendment to a Grant Agreement (via Contract No. 5038) with Greater Cleveland Food Bank, Inc. to provide funding for a tabletop exercise and to establish a Crisis Recovery Food Response Fund for the period 12/17/2024 – 11/1/2025 to extend the time period to 11/1/2026; no additional funds required.

Funding Source: Health and Human Services Levy Fund

**BC2025-788**

Department of Purchasing, presenting proposed purchases for the week of 12/15/2025:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
25004439	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Compassion Care Group	\$79,050.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004557	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$21,781.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004875	Out-of-home care placement services for the period 10/1/2025-10/31/2025 *	Division of Children and Family Services	Alliance Summit Group LLC	\$36,823.04	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004876	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Compassion Care Group	\$76,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004883	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Excel Beyond Limits	\$16,700.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
25004884	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$67,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

25004887	Out-of-home care placement services for the period 11/1/2025-11/30/2025 *	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$22,841.26	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
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\*Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00.

## **V- OTHER BUSINESS**

### **Item of Note (non-voted)**

#### **Item No. 1**

Department of Public Works,

- a) Submitting a grant application to Ohio Department of Transportation, Office of Aviation in the total amount not-to-exceed \$420,968.61 for the Taxiways Shifting Phase I (Construction) project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2026 Ohio Airport Improvement Grant Program.
- b) Requesting designation of Michael Dever, M.P.A., Director, Department of Public Works to serve as Applicant's agent to make application, accept and execute the grant award, financial reports and programmatic reports in connection with the FY2026 Ohio Airport Improvement Grant Program.

Funding Source: Ohio Department of Transportation, Office of Aviation FY2026 Ohio Airport Improvement Grant Program and additional project funding includes \$423,603.21 in Airport Capital Improvement Plan funds and \$7,998,351.00 in Federal Aviation Authority grant funds for a total project cost of \$8,842,922.82.

#### **Item No. 2**

Department of Public Works,

- a) Submitting a grant application to Ohio Department of Transportation, Office of Aviation in the total amount not-to-exceed \$137,457.64 for the Taxiway B reconstruction project at the Cuyahoga County Airport, located at 26300 Curtiss Wright Parkway, Richmond Heights in connection with the FY2026 Ohio Airport Improvement Grant Program.
- b) Requesting designation of Michael Dever, M.P.A., Director, Department of Public Works to serve as Applicant's agent to make application, accept and execute the grant award, financial reports and programmatic reports in connection with the FY2026 Ohio Airport Improvement Grant Program.



Funding Source: Ohio Department of Transportation, Office of Aviation FY2026 Ohio Airport Improvement Grant Program and additional project funding includes \$56,425.25 in Airport Capital Improvement Plan funds and \$2,611,694.00 in Federal Aviation Authority grant funds for a total project cost of \$2,805,576.89

### Item No. 3

Department of Public Safety and Justice Services requesting authority to apply for grant funds from Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$677,582.59 for the Regional Planning Unit Project in connection with the FY2025 STOP Violence Against Women ACT Block Grant for the period 1/1/2026 – 3/31/2027.

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

### Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	5439	Point and Pay, LLC	For electronic bill payment services; <b>to add the Board of Elections as a new user department and to update the insurance requirements, effective upon signatures of all parties.</b>	\$0.00	Fiscal Office	9/1/2025-8/31/2027	(Original) General Fund	(Executive) 12/9/2025 (Law) 12/8/2025
8737	5232 (fka 3137)	Emerald Development And Economic Network, Inc	Building rehabilitation in connection with alternative housing and related services and support for COVID recovery	\$0.00	Department of Health and Human Services/ Community Initiatives Division/ Office of Homeless Services	7/1/2022-12/31/2025 <b>to extend the time period to 12/31/2026</b>	(Original) General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	(Executive) 12/8/2025 (Law) 12/8/2025

### Item No. 5

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 11/1/2025 – 11/30/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “12/15/2025 – Board of Control Meeting”.

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

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:27 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2025-789**

Title	2026 Belle Oaks 3 <sup>rd</sup> Amendment to Sewer Maintenance Agreement, time extension through 12/31/2027, \$50,000 additional annual funds, direct Bill, revenue generating
Department or Agency Name	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3011	Belle Oaks New Community Authority	12/27/2022- 12/31/2023	\$35,000	12/19/2022	BC2022-773
A-1	3011	Belle Oaks New Community Authority	12/31/2024	\$0	1/29/2024	BC2024-78
A-2	3011	Belle Oaks New Community Authority	12/31/2025	\$50,000	3/10/2025	BC2025-153
A-3	3011	Belle Oaks New Community Authority	12/31/2027	\$100,000 (\$50,000 annually)	TBD	TBD

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

The primary goal is for the County to continue to assist with sanitary engineering as well as sanitary mainline maintenance services with the Belle Oaks New Community Authority in the City of Richmond Heights. This is a revenue generating direct bill agreement.
Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The primary goal is for the County to continue to assist with sanitary engineering as well as sanitary mainline maintenance services with the Belle Oaks New Community Authority in the City of Richmond Heights. This is a revenue generating direct bill 3 <sup>rd</sup> Amendment to the original agreement.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Belle Oaks New Community Authority 26789 Highland Road Richmond Heights, Ohio 44143	Paul Ellis- Chairman
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Revenue generating agreement
	<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.
PW715100-5200-SWD0346- Sanitary funds (deposit only- 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. PW715100-5200-SWD0346- Sanitary funds (deposit only- revenue generating)
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions): see chart above
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**BC2025-790**

Title	CUYAHOGA COUNTY JAIL CONNECTOR PARTIAL RECLADDING
Department or Agency Name	DEPARTMENT OF PUBLIC WORKS – FACILITIES
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM 4228	Warren Roofing & Insulating Co.	N/A	\$589,567.49	4/23/2024	R2024-0138
Amendment #1	CM4228	Warren Roofing & Insulating, LLC	N/A	\$71,531.12	Pending	Pending

Service/Item Description (include quantity if applicable). The amendment is to expand the services due to the complexity of the existing construction to respond to changed site conditions uncovered when existing granite panels were removed for repairs. Additional work proposed is in accordance with the Project/Change Order Pricing Sheet , Attached Amendment Exhibit A
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above) Amendment
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of N/A
Project Goals, Outcomes or Purpose (list 3): The amendment is to expand the services due to the complexity of the existing construction to respond to changed site conditions uncovered when existing granite panels were removed for repairs.

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):
Warren Roofing & Insulating Co. 7015 Krick Road, Walton Hills, Ohio 44146	Luke Dautovic-Vice-President
Vendor Council District:	Project Council District:
District 6	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	City of Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>13801</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: <u>\$71,531.12</u>	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /  Amendment #1	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Amendment #1	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

N/A

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.

Capital Improvement Plan

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. Progressing as planned

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):	11/17/2025
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Date documents were requested from vendor:	
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

This project was started in 2024 and is progressing to completion.

HISTORY (see instructions): see chart above

### BC2025-791

Title	2026 City of Cleveland Heights Sewer Maintenance Amendment- rev gen, \$600,000, plus extend time period through 12/31/2026
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input 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.
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A-1	5007	City of Cleveland Heights	1/1/2025-12/31/2026	\$600,000	TBD	TBD
O	5007	City of Cleveland Heights	Through 12/31/2026	\$600,000	12/3/2024	R2024-0452

Service/Item Description (include quantity if applicable).

The primary goal of this Agreement is for sanitary and storm sewer maintenance services and for the purpose of retaining the County to perform certain services relative to City's sewers in 2026.

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

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

Project Goals, Outcomes or Purpose (list 3):

This is an amendment to the annual direct bill agreement with the City of Cleveland Heights for 2026 sewer maintenance services provided by the Public Works Sanitary Engineering Division and billed quarterly on a direct bill basis to Cleveland Heights- revenue generating. Additional \$600,000 plus extension through 12/31/2026.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Cleveland Heights 40 Severance Circle Cleveland Heights, Ohio 44118	Collette Clinkscale- Service Director
Vendor Council District: 10	Project Council District: 10
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a requested revenue generating 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 type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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): This is a new revenue generating Amendment						
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	5007	City of Cleveland Heights	1/1/2025-12/31/2025	\$600,000	12/3/2024	R2024-0452

#### BC2025-792

Title	2026 Village of Glenwillow Sewer Maintenance Agreement, \$300K, rev gen
Department or Agency Name	Public Works
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	5799	Village of Glenwillow	1/1/2026-12/31/2026	\$35,000	tbd	tbd

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>This Agreement is for services provided by the County Sanitary Engineering Division for sanitary cleaning, maintenance, and repairs in the Village of Glenwillow in the revenue generating amount of up to \$35,000 in 2026.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of _____</p>
Project Goals, Outcomes or Purpose (list 3):

The County will be providing sanitary sewer cleaning, televising, maintenance, and repairs as requested to the Village of Glenwillow. This is a revenue generating, direct bill agreement.

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

Vendor Name and address:	Owner, executive director, other (specify):
Village of Glenwillow 29555 Pettibone Road Glenwillow, Ohio 44139	Mike Henry- Village Engineer
Vendor Council District: 6	Project Council District: 6
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 requested revenue generating Agreement  *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: revenue generating direct bill agreement
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Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
Revenue Generating – For deposit only
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.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5011	Glenwillow	1/1/2025-12/31/2025	\$35,000	12/2/2024	BC2024-880

### BC2025-793

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

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM4092	OneSparQ, LLC.	02/22/2024 – 12/31/2024	\$165,000.00	02/20/2024	BC2024-128
1 <sup>st</sup> Amendment	CM4092	OneSparQ, LLC.	01/01/2025 – 12/31/2025	\$182,650.00	02/03/2025	BC2025-71
2 <sup>nd</sup> Amendment	CM4092	OneSparQ, LLC.	01/01/2026 – 12/31/2026	\$150,800.00	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. 4092 with OneSparQ, LLC., to extend time period to 12/31/2026 for ERP Staff Augmentation in the amount of \$150,800.00.

The contract is being amended for IT ERP staff augmentation Infor WFM consultant. HR is not a part of the Infor services under this amendment. Per the contract, the scope of services has changed in that the WFM consultant will be engaged on an as-needed basis, up to a maximum of 20 hours per week. No other changes have been made.

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):

OneSparQ will provide the County with Infor WFM (workforce management) staff augmentation services.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
OneSparQ, LLC 6611 Rockside Road Suite 240 Independence, Ohio 44131	Danny Trusnick Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process. OneSparQ is the current awarded vendor for this contract. This request is for a 2 <sup>nd</sup> 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) Exemption <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: 10/09/2025</td> </tr> </table>	List date of TAC approval	Date: 10/09/2025
List date of TAC approval	Date: 10/09/2025	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input checked="" type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

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

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

HISTORY (see instructions): see chart above
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**BC2025-794**

Title	CM5748 Centrex Telephone 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		AT&T Corp	06/01/2014 – 12/31/2018	\$2,382,000.00	05/27/2014	R2014-0132
A-1		AT&T Corp	01/01/2019 – 12/31/2023	\$1,890,000.00	04/09/2019	R2019-0084
A-2		AT&T Corp	01/01/2019 – 12/31/2023	\$400,000.00	02/27/2023	BC2023-115
A-3		AT&T Corp	01/01/2024 – 12/31/2024	\$400,000.00	12/04/2023	BC2023-774
A-4		AT&T Corp	01/01/2025 – 12/31/2025	\$400,000.00	12/16/2024	BC2024-951
A-5	5748	AT&T Corp	01/01/2026 – 12/31/2026	\$400,000.00	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 plans to amend Contract No. 5748 with AT&T Corp, to extend the time period to December 31, 2026 for Centrex Telephone Services in the amount of \$400,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

This 5<sup>th</sup> amendment agreement is for the Centrex Telephone connections from AT&T that serves as the telephone infrastructure for various County facilities. The County buildings in which the Centrex service is primarily prevalent in is the Old Court House building and the Justice Center Complex. To migrate off of this Centrex service to a modern telephone service will be a costly undertaking and timely effort. Alternative services are being sought after for the Justice Center or Old Court House before action will be taken regarding renovating or building replacement buildings for the Court and Justice Center occupants.

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):
AT&T Corp 6889 West Snowville Road Brecksville, Ohio 44141	Scott Maurer Strategic Account Lead Representative
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process. The Justice Center and Old Court House are older facilities with thick block walls and makes running new telephone cabling to upgrade to a current standard of telephone a costly and a difficult task. The Centrex service has been in place for 30+ years and has been reliable for the need of the facility to continue the service for the short term. At this point a sizable investment would need to be made to modernize the telephone infrastructure at this facility or remain on the existing platform. There is not believed to be any vendor to provide the service through a competitive process due to the age of the technology. The County IT Department is identifying alternative solutions due to AT&T looking to retire this service.  *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)
	<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.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund IT100180
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
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## BC2025-795

Title	PO25004922FTYR-2025- Procurement of HP monitors for Veterans Service Center
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25004922 FTYR	MNJ Technologies Direct	2025	\$23,574.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct for the purchase of (32) 24-inch and (35) 27-inch HP monitors on behalf of the Veterans Service Center, in the amount of \$23,574.00

MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. STS#534486 Expires on 7.2.2028

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):  
Procurement of HP monitors for Veterans Service Center

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding

	<p>processes and have been vetted by the State of Ohio prior to award. STS#534486 Expires on 7.2.2028</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS#534486 Expires on 7.2.2028  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:1.16.2025</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:1.16.2025
List date of TAC approval	Date:1.16.2025	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. VC100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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#### BC2025-796

Title	Human Resources; 2025; Agreement resulting from an RFP with The MetroHealth System dba Skyway f/k/a MetroHealth Select for an Employee Wellness Program Platform in the amount not-to-exceed \$520,800.00 for the period 1/1/2026/12/31/2027.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5808	The MetroHealth System dba Skyway	1/1/2026-12/31/2027	\$520,800.00		PENDING

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>The County conducts an employee wellness incentive program for employees to help catch medical issues before they become costly claims, improve employee health and wellness, and reduce stress of employees through wellness related activities. To facilitate this, the County has a need for a platform for wellness. The County conducted a RFP earlier in 2025 with MetroHealth being the top ranked vendor providing the greatest value to the County for this service. MetroHealth is the current incumbent. Pricing has increased by about 15% from the pervious contract, as have all medical related costs in recent years.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement  Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):  The program assists employees to help catch medical issues before they become costly claims, improve employee health and wellness, and reduce stress of employees through wellness related activities</p>

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.</p>	
Vendor Name and address:	Owner, executive director, other (specify):
The MetroHealth System 2500 Metrohealth Dr Cleveland, OH 44109	Dr. Alexander-Rager, CEO
Vendor Council District:	Project Council District:
07	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 16224 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$520,800	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 39 / 9	<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

<p>Participation/Goals (%): ( 0 ) DBE ( 10 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.</p> <p>As a non-profit political entity, MetroHealth is exempt from the diversity goals.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: MetroHealth's proposal provided the greatest value and scored highest among proposals received.</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received? MetroHealth's proposal was the most costly based on the per employee per month rate but was all-inclusive and did not require supplemental costs for other services, file uploads, etc.</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

<p>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.</p>		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: 12/11/2025</td> </tr> </table> <p><input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval.</p> <p><input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.</p>	List date of TAC approval	Date: 12/11/2025
List date of TAC approval	Date: 12/11/2025	
<p>Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p>		

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% Self-Insurance Fund</p>
<p>Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):</p>
<p>List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.</p> <p>HR765120</p>
<p>Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):</p>



Provide status of project. The 2026 wellness program is set to begin on or shortly after 1/1/2026. Delays in approval will diminish the effectiveness of the 2026 wellness program by provided employees less time for wellness activities and requirements.	
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	3923	The MetroHealth System	1/1/2024-12/31/2025	\$450,000.00	11/20/2023	BC2023-741

### BC2025-797

Title	Journey Center for Safety and Healing
Department or Agency Name	Domestic Relations Court
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	5792	Journey Center for	1/1/2026 – 9/30/2028	\$202,780.89	TBD	TBD

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

Requesting approval of a contract as indicated with Journey Center for Safety and Healing (JCSH), in the amount not to exceed \$202,780.89 for the period of 1/1/2026 to 9/30/2028.

JCSH will:

- Employ a full-time Justice System Advocate devoted to working with Dedicated Domestic Violence Docket victims and providing services to victims of domestic violence, dating violence, sexual assault, and stalking including:
  - Meet with petitioners seeking to file a Domestic Violence Civil Protection Order;
  - Administer a Danger Assessment and discuss the results with the victim;
  - Engage in safety planning with the victim,
  - Provide referrals to appropriate services;
  - Provide advocacy services to victims;
- Maintain and provide monthly data on the number of victims assisted and the demographics of persons assisted by the dedicated Justice System Advocate;
- Assist in developing and providing training for court-based, court-related, and court-appointed personnel on topics related to victims of domestic violence, dating violence, sexual assault, and stalking as outlined in the proposal; and
- Regularly attend project partner meetings.

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):

Expand advocacy services to meet rising demand, enhance court programs and services for victims, and increase offender accountability.

Remove Barriers for Victims Filing DVCPO.

Enhance enforcement and understanding of CPO's by training justice system partners on DV, DVCOPs, firearms relinquishment, and safety focused parenting plans to create a comprehensive county wide policy.

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: Journey Center for Safety and Healing PO Box 5466 Cleveland, OH 44101	Owner, executive director, other (specify): Anne Face, Chief Executive Officer
Vendor Council District: N/A	Project Council District: All
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.  Exemption 501.12B(2)(viii) It is funded through a federal, state, or other grant or program and is awarded by the County to the recipient(s) pursuant to the criteria or requirements of the grant or program.  *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.		

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Funding will come from a federal grant from US Department of Justice, Office on Violence Against Women: FY2025 Office of Violence Against Women Justice for Families Program grant, in the amount of \$600,000.00. This is a reimbursement grant. No cash match.</p> <p>DR285105 55130 DR-25-DOJ-Jff 100%</p>
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. DR285105 55130 DR-25-DOJ-Jff 100%
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/28/2025
Date documents were requested from vendor:	12/2/2025
Date of insurance approval from risk manager:	10/29/2025
Date Department of Law approved Contract:	12/2/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

**BC2025-798**

Title	2026/2027-First Year Cleveland; Case Western Reserve University ;Contract Exemption
Department or Agency Name	Cuyahoga County Health and Human Services-Health Policy
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	5798	Case Western University	1/1/2026- 12/31/2027	\$500,000.00	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.

Department of Health and Human Services (Health Policy) is requesting approval of a contract exemption with Case Western Reserve University for the anticipated cost \$500,000.00, for the time period 1/1/2026-12/31/2027.

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):

Reduce Infant mortality.

Provide healthy birth outcomes.

Improving mental, social and clinical support services.

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

Vendor Name and address:	Owner, executive director, other (specify):
Case Western Reserve University 10900 Euclid Avenue	Kristen Boyer, M. ED, Executive Director of Research Operations

Cleveland, OH 44106	
Vendor Council District:	Project Council District:
06	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.  Case western Reserve University is the only entity able to provide the services as they have been identified by First Year Cleveland as the program operator. First Year Cleveland's mission is to mobilize the community through partnerships and a unified strategy to reduce infant deaths including racial disparities.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received)    /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (   ) DBE (   ) SBE (   ) MBE (   ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (   ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

<b>FUNDING SOURCE:</b> Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% Health and Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  HS260100/55130/UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Each year before March 31 <sup>st</sup>

Provide status of project. The project is restarting with county funding. The contract was not executed for the year of 2025	
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	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-# )						
O	1974	Case Western Reserve University	1/1/2022-12/31/2024	\$1,500,000.00	2/8/2022	R2021-0293

**BC2025-799**

Title	RQ#15600 – 2026 – Lionbridge Technologies, LLC – RFP Contract – Oral and Sign Language Interpretation and Written Translation Services for Individuals Served at Cuyahoga County Offices
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5660	Lionbridge Technologies, LLC	1/1/2026-12/31/2026	\$564,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Cuyahoga County Job and Family Services is requesting approval of a contract with Lionbridge Technologies, LLC to provide Oral and Sign Language Interpretation and Written Translation Services for individuals served at Cuyahoga County Offices in the amount of \$564,000.00 for the time period 1/1/2026 to 12/31/2026.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase   <input checked="" type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Increase language availability for Cuyahoga County offices.          Support flexible interpretation platforms and technology.          Providing qualified, trained, and tested professional interpreters and translators.</p>

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



890 Winter Street, Suite 225 Waltham, ma 02451-1468	John Drugan, Manager of Government Contracts
Vendor Council District: Countywide	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _15600__ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 2/13/2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$564,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  4 proposals received/ 4 proposals reviewed / 1 proposal approved	<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 (5%) SBE (30%) MBE (11%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

HHS: 95.04% Federal Temporary Assistance for Needy Families dollars

Witness/Victim Services Center: 1.77% Health and Human Services Levy Funds

Office of Emergency Management: 0.53% General Fund

Board of Revision: 0.44% Real Estate Assessment Funds

Consumer Affairs/Executive Office: 1.06% General Fund

Fiscal/Treasure Office: 0.89% General Fund

Personnel Review Commission: 0.27% General Fund

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

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

HS260195 55130 UCH08037 \$536,000

PJ325100 55130 \$10,000

PJ280100 55130 \$3,000

BR305100 55130 \$2,500

EX100100 55130 \$6,000

FS100100 55130 \$5,000

PR100100 55130 \$1,500

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

Provide status of project. Recurring service or purchase. New vendor.

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

Reason: N/A

Timeline N/A

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) N/A

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

HISTORY (see instructions):

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

O	1465	US Together, Inc.	3/1/2021-2/28/2023	\$1,200,000.00	3/23/2021	R2021-0070
A-1	3157 (Copy of 1465)	US Together, Inc.	3/1/2023-2/29/2024	\$356,000.00	4/3/2023	BC2023-196
A-2	3157 (Copy of 1465)	US Together, Inc.	3/1/2024-2/28/2025	\$476,804.14	2/22/2024	BC2024-137
A-3	3157	US Together, Inc.	Effective upon signature-2/28/2025	\$3,700.00	9/30/2024	ION 1
A-4	3157	US Together, Inc.	3/1/2025-6/30/2025	\$118,000.00	3/10/2025	BC2025-172
A-5	3157	US Together, Inc.	7/1/2025-12/31/2025	\$545,000.00	6/9/2025	BC2025-370

#### BC2025-800

Title	CITY OF EUCLID PRISONER BOARD AND CARE AMENDMENT # 5		
Department or Agency Name	SHERIFF'S		
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	20000364	CITY OF EUCLID	2/1/20-12/31/20	REVENUE GENERATING	5/26/20	BC2020-296
A-1	86	CITY OF EUCLID	ENDING 12/31/21	REVENUE GENERATING RATE CHANGE FROM 105.26 TO 122.12	12/21/20	BC2020-675
A-2	86	CITY OF EUCLID	ENDING 12/31/22	REVENUE GENERATING ESTIMATED AMOUNT \$275,000	10/25/21	BC2021-607
A-3	86	CITY OF EUCLID	ENDING 12/31/23	REVENUE GENERATING ESTIMATED AMOUNT \$300,000	11/14/22	BC2022-695
A-4	86	CITY OF EUCLID	ENDING 12/31/25	REVENUE GENERATING ESTIMATED AMOUNT \$460,000 RATE CHANGE FROM 122.12 TO 173.00	12/11/23	BC2023-803

A-5	86	CITY OF EUCLID	ENDING 2/28/26	REVENUE GENERATING ESTIMATED AMOUNT \$100,000	CURRENT ITEM	
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Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

Requesting approval to amend the current contract to extend the expiration date to 2/28/26.

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

Sheriff's department to provide prisoner board and care services to the City of Euclid until 2/28/26.

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

Project Goals, Outcomes or Purpose (list 3):

The primary goal of the project is 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):
City of Euclid 585 E 222 <sup>nd</sup> St Euclid, Ohio 44123	Patrick Cooney, 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 an existing revenue generating agreement with a local municipality and cannot be competitively bid out. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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 \$100,000
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating
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: N/A

Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/10/25
Date documents were requested from vendor:	12/10/25
Date of insurance approval from risk manager:	12/10/25
Date Department of Law approved Contract:	12/10/25
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): see chart above
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### BC2025-801

Title	MAYFIELD VILLAGE 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	5764	MAYFIELD VILLAGE	1/1/2026-12/31/2027	REVENUE GENERATING ESTIMATED AMOUNT \$2,000	CURRENT ITEM	

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>The Sheriff's Department is requesting approval of a new revenue-generating prisoner board and care agreement with Mayfield Village.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>Estimated revenue \$2,000.00</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Jail regionalization</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Mayfield Village Police Department 620 SOM Center Road Mayfield Village, Ohio 44143	Paul J. Matias, 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 ☒ 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.

Revenue generating

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

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

N/A

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

Revenue generating

Provide status of project.

Is contract/purchase late ☒ No ☐ 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
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Date documents were requested from vendor:	9/19/25
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Date of insurance approval from risk manager:	N/A
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Date Department of Law approved Contract:	9/12/25
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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? ☒ No ☐ Yes (if yes, please explain)

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

HISTORY (see instructions): N/A



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	4977	MAYFIELD VILLAGE	11/1/24-12/31/25	REVENUE GENERATING	11/19/24	BC2024-844

## BC2025-802

Title	CM5802 Revenue Generating Agreement CCMEO and Ashland County, Coroner's Office for autopsy and testing services for period 1/1/2026 thru 12/31/2028 at the amount of \$2,000.00 per autopsy.
Department or Agency Name	Medical Examiner' Office
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	5802	Ashland County	1/1/2026 – 12/31/2028	Revenue Generating estimate \$216,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>Out of County Autopsy and Testing Services.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase   <input checked="" type="checkbox"/> Existing service/purchase   <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional   <input type="checkbox"/> Replacement</p> <p>Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Perform autopsy services and various testing as requested</p>

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

Ohio Political Subdivision 110 Cottage St. Ashland, OH 44805	Clerk, Board of Ashland County Commissioners
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. RFP Exemption requested for Revenue Generating Agreement  *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.     N/A

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Revenue Generating to ME105105 42350 ME-Coroner Lab
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): N/A Revenue Generating
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. Revenue Generating to ME105105 42350 ME-Coroner Lab
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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**BC2025-803**

Title	2025; Contract – Clearview AI, Inc.; Northeast Ohio Regional Fusion Center (NEORFC), Image Recognition Platform
Department or Agency Name	Public Safety & Justice Services

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5811	Clearview AI, Inc.	Effective latest date of signature of the parties for a term beginning 11/30/2025 – 11/29/2026	\$59,995.00	Pending	pending

Service/Item Description (include quantity if applicable). Image Recognition platform allows the NEORFC to conduct searches of facial images during requested investigation assistance from law enforcement within the six-county region covered by the Fusion Center. This tool is used by NEORFC during nearly 70% of investigation assistance requests from regional law enforcement agencies. The Clearview tool uses only public-facing images for comparison against images from LE to aid in identifying criminal suspects.

Indicate whether: ☐ New service/purchase   ☒ Existing service/purchase   ☐ Replacement for an existing service/purchase  
 Clearview currently provides image recognition service to the NEORFC. The service has been in place since 2021. This contract is a new contract following the conclusion of a three year contract with Clearview ending 11/30/2025. Clearview is the selected vendor following an informal solicitation process.

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

Project Goals, Outcomes or Purpose (list 3):

Search proprietary image database for facial comparison “hits” in the course of LE investigation

Support local, state and federal Law Enforcement partners with tools to respond to or prevent terrorism

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

Vendor Name and address:	Owner, executive director, other (specify):
Clearview AI, Inc. 99 Wall St., #5730 New York, NY 10005	Winston Pigeon Account Executive
Vendor Council District: NA	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal          Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$50,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 32 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Low bid was did not provide the service as needed from the specifications, per NEORFC SME	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  \$59,995 / \$32,000	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">List date of TAC approval</td> <td style="width: 50%;">Date: 11/20/2025</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 11/20/2025
List date of TAC approval	Date: 11/20/2025	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.          NA		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.      FY24 Urban Area Security Initiative (UASI) 100%
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Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Delays from contract negotiation for terms as well as insurance documentation to meet Risk approval. Delay resulted in NEORFC access to the service as on 12/1/2025.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Efforts to obtain more bids resulted in extended efforts. Once concluded, meeting insurance documentation and then contract negotiation resulted in the service halting until this contract is signed.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	8/25/2025
Date documents were requested from vendor:	11/3/2025
Date of insurance approval from risk manager:	11/17/2025
Date Department of Law approved Contract:	12/12/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2915	Clearview AI, Inc	12/1/2022 – 11/30/2025	29,985.00	11/28/2022	BC2022-731

### C.- Exemptions

#### BC2025-804

TITLE	DPW – Concrete 2026-2027 - Alternative Procurement
DEPARTMENT OR	Department of Public Works
REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement

LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	12/19/22	BC2022-797
	4/24/23	BC2023-261
	11/20/23	BC2023-751
	1/6/25	BC2025-14
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Work is requesting an Alternative Procurement process which will result in as-needed award recommendations to concrete vendors to be utilized by the Road &amp; Bridge and Facilities Division.</p> <p>Public Works conducted an informal solicitation process resulting in four (4) vendors submitting proposals. Public Works is looking to add all four (4) vendors that submitted to a multi-year exemption, providing Public Works divisions flexibility in utilizing the best concrete vendor based on operations.</p> <p>This Alternative Procurement will cover two (2) years from 1/1/26 – 12/31/27 and be in the amount of NTE \$300,000.00 of allowable dollars. Individual purchase orders will be submitted for approval against this exemption during the term.</p> <p>The vendors are as follows:</p> <p>Carr Bros., Inc.</p> <p>Triple Crown Trucking LLC</p> <p>RAR Contracting Co., Inc.</p> <p>Westview Concrete Corp.</p>	

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

#### BC2025-805

TITLE	DPW – Factory Authorized 2026-2027 - Alternative Procurement
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	11/29/22	BC2022-735
	7/17/23	BC2023-452
	1/6/25	BC2025-13

AMENDMENTS, AS APPLICABLE		
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Work is requesting an Alternative Procurement process which will result in as-needed award recommendations to factory authorized dealers to be utilized for parts, equipment, services, and repairs to ensure compliance with equipment and vehicle warranties and manufacturer safety standards.</p> <p>The factory authorized program also ensures equipment and vehicles will return to normal operating efficiency more quickly, reducing down time. In addition to reducing lengthy down time, diagnostic costs will be minimized and productivity and potential billable hours in communities will increase due to quicker response times with vehicles and equipment operating.</p> <p>This Alternative Procurement will cover two (2) years from 1/1/26 – 12/31/27 and be in the amount of NTE \$1,000,000.00 of allowable dollars. Individual Factory Authorized purchase orders will be submitted for approval against this exemption during the term.</p>	

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	Road & Bridge Funds General Fund Sanitary Sewer Funds

#### BC2025-806

TITLE	DPW – Clean-Fill - 2026-2027 - Alternative Procurement
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	2/5/24	BC2024-92
DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Department of Public Work is requesting an Alternative Procurement process which will result in as-needed purchase orders to P&amp;P Valley View Holdings Inc. dba Boyas Excavating former Alternative Procurement was with Boyas Excavating (aka Pete and Pete Container Services) to be utilized by the Road &amp; Bridge and Sanitary Division, for the period of 2/5/26 – 12/31/27, in the amount of NTE \$250,000.00.</p> <p>Public Works conducted an informal solicitation process resulting in one (1) vendor submitting a proposal. Public Works is looking to add this vendor to a multi-year</p>	



	exemption, providing Public Works divisions flexibility in utilizing the best clean-fill disposal vendor based on its required operations.
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	Road & Bridge Funds - 35% Sanitary Sewer Funds -65%

#### **D. - Consent Agenda**

##### **BC2025-807**

(See related items for proposed purchases for the week of 12/22/2025 in Section D above).

#### **V – OTHER BUSINESS**

##### **Item of Note (non-voted)**

##### **Item No. 1**

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 12/22/2025 in Section V. above).

#### **VI – PUBLIC COMMENT**

#### **VII – ADJOURNMENT**