



**Cuyahoga County Board of Control Agenda
Monday, January 5, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 12/22/2025

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-01

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP exemption, which will result in an award recommendation to Ohio Legal Help in the amount not-to-exceed \$79,208.00 for annual software license subscription, maintenance and support, data purging and ChatBot features for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform for the period 1/1/2026 – 12/31/2027.
- b) Recommending an award and enter into Contract No. 5807 with Ohio Legal Help in the amount not-to-exceed \$79,208.00 for annual software license subscription, maintenance and support, data purging and ChatBot features for the Cuyahoga County Domestic Relations Virtual Self-Help Center Platform for the period 1/1/2026 – 12/31/2027.

Funding Source: 50% General Fund and 50% Title IV-D Fund

BC2026-02

Sheriff's Department, submitting a Revenue Generating Agreement (via Contract No. 5762) with City of Richmond Heights at a per diem rate of \$234.00 through 12/31/2026 increasing to \$257.00 through the remainder of the contract term for inmate housing services in the total anticipated amount of \$50,000.00 for the period 1/1/2026 – 12/31/2027.

Funding Source: Revenue Generating

BC2026-03

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in a payment to Ohio Guidestone in the amount not-to-exceed \$19,629.00 as final payment for the period 6/1/2025 - 6/30/2025 for youth workforce employment, education and training services in connection with the Comprehensive Case Management Employment Program, rendered on Contract No. 3646 during the contract term 7/1/2023-6/30/2025.
- b) Recommending a payment on Purchase Order No. 25004707 to Ohio Guidestone in the amount not-to-exceed \$19,629.00 as final payment for the period 6/1/2025-6/30/2025 for youth workforce employment, education and training services in connection with the Comprehensive Case Management Employment Program, rendered on Contract No. 3646 during the contract term 7/1/2023-6/30/2025.

Funding Source: Federal Temporary Assistance for Needy Families (TANF)

C. – Consent Agenda

BC2026-04

Department of Public Works, submitting an amendment to Contract No. 5259 with Schirmer Construction LLC for rehabilitation of existing Monticello Boulevard Bridge over Euclid Creek in the City of South Euclid, for a decrease in the amount of (\$15,767.00); 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: County Motor Vehicle \$7.50 License Tax Funds

BC2026-05

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

- a) Requesting authority to apply for grant funds from Ohio Department of Development in the amount of \$1,473,600.00 for rapid re-housing assistance to eligible recipients in Cuyahoga County in connection with the FY2025 Homeless Crisis Response Program Emergency Solutions Grant for the period 9/23/2025 – 9/22/2027.
- b) Submitting a grant award from Ohio Department of Development in the amount of \$1,473,600.00 for rapid re-housing assistance to eligible recipients in Cuyahoga County in connection with the FY2025 Homeless Crisis Response Program Emergency Solutions Grant for the period 9/23/2025 – 9/22/2027.

Funding Source: Ohio Department of Development Homeless Crisis Response Program Emergency Solutions Grant

BC2026-06

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

- a) Requesting authority to apply for grant funds from Ohio Department of Development in the amount of \$368,700.00 for rapid re-housing assistance to eligible recipients in Cuyahoga County in connection with FY2025 Homeless Crisis Response Program Ohio Housing Trust Fund Grant for the period 1/1/2026 – 2/29/2028.
- b) Submitting a grant award with Ohio Department of Development in the amount of \$368,700.00 for rapid re-housing assistance to eligible recipients in Cuyahoga County in connection with FY2025 Homeless Crisis Response Program Ohio Housing Trust Fund Grant for the period 1/1/2026 – 2/29/2028.

Funding Source: Ohio Department of Development Homeless Crisis Response Program Ohio Housing Trust Fund Grant

BC2026-07

Fiscal Department, presenting proposed travel/membership requests for the week of 1/5/2026:

Dept:	Medical Examiner's Office							
Event:	78 th Annual AAFS Scientific Conference							
Source:	American Academy of Forensic Science							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Daniel Sullivan	2/9/2026- 2/14/2026	\$1,025.00	\$300.00	\$0.00	\$315.00	\$0.00	\$1,640.00	FY2025 Coverdell Grant
Dr. Nasir Butt	2/9/2026- 2/14/2026	\$818.50	\$332.00	\$0.00	\$341.28	\$478.37	\$1,970.15	FY2025 Coverdell Grant
Dr. Harmeet Kaur	2/9/2026- 2/14/2026	\$835.00	\$332.00	\$1,456.86	\$70.00	\$478.37	\$3,172.23	FY2025 Coverdell Grant

*Paid to host

**Staff reimbursement

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

Purpose:

Attend the American Academy of Forensic Science Annual Meeting in New Orleans from February 9-14th.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Sheriff's Department, submitting an amendment to a Memorandum of Understanding with The Ohio Attorney General's Office to improve outcomes for substance-addicted inmates in Ohio jails in connection with the 2025 Opioid Remediation Grant for the period 9/29/2025-9/29/2026 and for additional funds in the amount not-to-exceed \$50,000.00 to help pay for Medication Assisted Treatment (MAT) medications for inmates in the Cuyahoga County Corrections Center who are battling opioid use and withdrawal symptoms, effective 12/18/2025.

Funding Source: Ohio Attorney General

Item No. 2

Department of Health and Human Services/Division of Senior and Adult Services, submitting a grant agreement with Western Reserve Area Agency on Aging in the amount of \$204,820.12 for the Older Americans Act/Senior Community Services Program in connection with the Aging and Disability Resource Network Grant Program for the period 1/1/2026 – 12/31/2026.

Funding Source: Western Reserve Area on Aging through the Older Americans Act/Senior Community Services

Item No. 3

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
4499	2538	CBRE, Inc.	For real estate strategic management services	\$0.00	Department of Public Works	7/18/2022-12/31/2025 to extend the time period to 12/31/2026, effective upon signatures of all parties.	(Original) General Fund	(Executive) 12/29/2025 (Law) 12/30/2025
NA	NA	Ohio Department of Natural Resources and the City of Cleveland	For the Beulah Park-Euclid Beach Connector Trail – Phase I Project in connection with	0.00	Department of Public Works	6/24/2024-12/31/2025 to extend the time period to 12/31/2026, effective upon	(Original) 75% Ohio Department of Natural Resources of Ohio Capital Funds and 25% (Cash Match) –	(Executive) 12/29/2025

			NatureWorks Local Assistance Grant Program			signatures of all parties.	General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	
--	--	--	--------------------------------------------------	--	--	---------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--

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
R2025-0201, which amended Resolution No. R2021-0010 dated 1/26/2021	Resurfacing of Harvard Road from Warrensville Center Road to Northfield Road (North Side Only) in the City of Warrensville Heights Council District 9-Meredith Turner	\$230,000.00		\$115,000.00 Road and Bridge Fund and \$115,000.00 City of Warrensville Heights	(Executive) 12/29/2025

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, December 22, 2025 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:02 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Councilmember Robert Schleper
Trevor McAleer, County Council (Alternate for Michael Houser)

II. – REVIEW MINUTES – 12/15/2025

Michael Chambers motioned to approve the minutes from the December 15, 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

BC2025-789

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 No. 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

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-789 was approved by unanimous vote.

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

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-790 was approved by unanimous vote.

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

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-791 was approved by unanimous vote.

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

Nichole English, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-792 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. Meredith Turner asked, do we have a time frame on when we think we'll no longer need that support and that our internal team will be able to move forward. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-793 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-794 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-795 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-796 was approved by unanimous vote.

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

Erjon Kadriu, Court of Common Pleas/Domestic Relations Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-797 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2025-798 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-799 was approved by unanimous vote.

BC2025-800

Sheriff's Department, submitting an amendment to a **Revenue Generating** Agreement (via Contract 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

Tanisha Gates, Sheriff's Department, presented. There were no questions. Mike motioned to approve the item as amended; Robert Schleper seconded. Item BC2025-800 was approved by unanimous vote, as amended.

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

Tanisha Gates, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-801 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-802 was approved by unanimous vote.

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)

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Trevor McAleer seconded. Item BC2025-803 was approved by unanimous vote.

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)

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2025-804 was approved by unanimous vote.

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)

Matthew Hrubey, Department of Public Works, presented.

Meredith Turner said this is for a million dollars tell me why this is here and not the full body of Council. Paul Porter said this is just the approval of the alternative procurement method, we are not agreeing to spend the full one million dollars. Each PO will come back on a Board of Control agenda based on the value of those PO's under the alt procurement. If we were making a purchase that was a million dollars that would have to go to Council, but this is just the approval of the method for identifying those vendors not for the whole transaction itself. Matthew Hrubey said we include a dollar amount in there as a back stop and we track that as we go through. Michael Chambers said Procurement does as well. Meredith Turner said she received a tutorial recently and was just checking with her sources. Michael

Chambers motioned to approve the item; Robert Schleper seconded. Item BC2025-805 was approved by unanimous vote.

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

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item. Robert Schleper seconded. Item BC2025-806 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. BC2025-807; Trevor McAleer seconded. The Consent Agenda Items were approved by unanimous vote.

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

Paul Porter said we are cancelling the December 29, 2025 Board of Control meeting, the first meeting of the New Year will be January 5, 2026. Micheal Chambers wished everyone a Happy Holiday and said it's been a pleasure serving this past year with everyone.

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
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 to extend the time period to 12/18/2026	(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 to extend the time period to 12/18/2026	(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 to extend the time period to 6/30/2027	(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 to extend the time period to 7/31/2027	(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	\$0.00	County Prosecutor	effective upon signatures of all parties for 5 years.	NA	(Executive) 12/16/2025 (Law) 12/17/2025

			the use of an existing ICAC Truck for task force operations.					
--	--	--	--------------------------------------------------------------	--	--	--	--	--

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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Nichole English seconded. The motion to adjourn was unanimously approved at 11:26 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-01

Title	Ohio Legal Help		
Department or Agency Name			
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	5807	Ohio Legal Help	1/1/2026 – 12/31/2027	\$79,208.00	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.

Service/Item Description (include quantity if applicable).

Requesting approval of a contract as indicated in the chart above with Ohio Legal Help, in the amount not to exceed \$79,208.00 for the period 1/1/2026 to 12/31/2027.

Description of Services

1. Provide Court with basic support for the Platform and updates and revisions of the Platform as generally available from time to time;
2. Transmit and store Data using appropriate security, encryption, and transmission protocols and the Data Security Standards;
3. Handle Data with care, security, and discretion;
4. Provide application and database hosting for the Platform and related Data, including all hardware, software, and systems administration;
5. Provide the Platform and access to the Data only in accordance with applicable laws and government regulations, including compliance with applicable laws and government regulations; and,
6. Provide training and support to Court personnel and other appropriate stakeholders

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The project will further expand access to justice for self-represented litigants, improve case flow and assist with providing Help Center Services without hiring additional staff.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address: Ohio Legal Help 88 East Broad Street, Ste 720 Columbus, Ohio 43215	Owner, executive director, other (specify): Susan Choe, Executive Director
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. Ohio Legal Help developed the Virtual Help Center Platform for the Domestic Relations Court through technology grant funding by the Supreme Court of Ohio. The maintenance and subscription fees contract is for services related to information technology that are proprietary and limited to a single source *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 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: 1/11/2024</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: 1/11/2024
List date of TAC approval	Date: 1/11/2024	
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. DR100100 General Fund 50% DR100105 Bureau of Support (IV-D) 50%
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. DR100100 General Fund 50% DR100105 Bureau of Support (IV-D) 50%
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: Contract will be approved after the commencement date. Also, the budget for this contract will not be available until January 1, 2026.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	October 17, 2025
Date documents were requested from vendor:	October 17, 2025
Date of insurance approval from risk manager:	December 5, 2025
Date Department of Law approved Contract:	12/11/2025
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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4101	Ohio Legal Help	effective upon contract signatures of all parties through 12/31/2025	\$54,000.00	7/29/2024	BC2024-551

BC2026-02

Title	CITY OF RICHMOND PRISONER BOARD AND CARE
Department or Agency Name	SHERIFF'S
Requested Action	<input checked="" 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	5762	City of Richmond Heights	1/1/2026 – 12/31/2027	REVENUE GENERATING	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 Richmond.</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 \$50,000.00</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>The primary goal of the project is jail regionalization.</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):
City of Richmond Hts 26789 Highland Rd Richmond Hts, Ohio 44143	Bayyinah A. Brooks Executive Assistant to Mayor Kim Thomas
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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input 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>	List date of TAC approval	Date:
List date of TAC approval	Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Revenue Generating \$50,000
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: Signed agreement not received until 12/23/25.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/12/25
Date documents were requested from vendor:	9/19/25
Date of insurance approval from risk manager:	n/a

Date Department of Law approved Contract:	9/12/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
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	AG2000217	CITY OF RICHMOND HEIGHTS	1/1/20-12/31/20	REVENUE GENERATING \$60K 105.26 PER DIEM	3/16/20	BC2020-127
A-1	132	CITY OF RICHMOND HEIGHTS	1/1/21-12/31/21	105.26 TO 122.12 PER DIEM RATE	12/21/20	BC2020-674
A-2	132	CITY OF RICHMOND HEIGHTS	ENDING 12/31/22	REVENUE GENERATING ESTIMATED \$30K	10/25/21	BC2021-640
A-3	132	CITY OF RICHMOND HEIGHTS	ENDING 12/31/23	REVENUE GENERATING ESTIMATED \$30K	11/14/22	BC2022-695
A-4	132	CITY OF RICHMOND HEIGHTS	ENDING 12/31/25	REVENUE GENERATING ESTIMATED \$35K 173 PER DIEM	12/11/23	BC2023-803

BC2026-03

Title	Cuyahoga Job and Family Services needs to make a final payment on expired Contract CM3646 which expired on 6/30/2025
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3646	Ohio Guidestone	7/1/2023 – 6/30/2025	\$2,291,896.81	9/26/2023	R2023-0252

A1	3646	Ohio Guidestone	7/1/2024 – 6/30/2025	\$2,291,896.81	11/12/2024	R2024-0385
	25004707	Ohio Guidestone		\$19,629.00	Pending	pending

Service/Item Description (include quantity if applicable).

The vendor operates the Comprehensive Case Management and Employment Program (CCMEP) for youth ages 14-24. This is a purchase order PO25004707 to make a final payment for June 2025 services for TANF portion of the contract (CM3646) that expired on 6/30/2025 in the amount of \$19,629.00.

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):

- To provide workforce services to eligible youth and young adults in Cuyahoga County
- To increase employment and economic development opportunities for family-sustaining wages in career-path occupations of choice
- To provide skills training and supportive services to youth ages 14-24

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):
Ohio Guidestone 343 E Bagley Road Berea, OH 44017-1370	Brant Russell, President & CEO
Vendor Council District:	Project Council District:
11	County wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Purchase order to make payments on an expired contract. *See Justification for additional information.
The total value of the solicitation:	X 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. This PO's funding source will come 100% from Federal Temporary Assistance for Needy Families (TANF) 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 / UCH08301
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. Payment on an expired contract
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason: The vendor sent Greater Cleveland Works notice in August regarding a close-out invoice. Greater Cleveland works was advised in November that services were unpaid for part of the TANF portion of the budget.

The Division of Contract Administration and Performance was asked to process a Purchase Order to make final payment on November 19, 2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/19/2025
Date documents were requested from vendor:	11/19/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: None.	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Payment on an expired contract	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2026-04

Title	Monticello Boulevard Bridge Rehabilitation of Existing Bridge over Euclid Creek in the City of South Euclid, Ohio
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 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	5259	Schirmer Construction LLC	N/A	\$490,757.00	March 24 th , 2025	BC2025-193
A-1	5259	Schirmer Construction LLC		(\$15,767.00)	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>This project consists of the reconstruction of the existing upper and lower gabion walls, drainage pad and catch basin, and embankment slope along the west bank of Euclid Creek.</p>

This is the first and final amendment for the project. It is decreasing the project by a total of \$15,767.00. This amendment contains numerous increases and decreases to balance out the final quantities. Please see below for justifications.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): See Above Service Description

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):
Schirmer Construction LLC 31350 Industrial Parkway North Olmsted, Ohio 44070	Nick lafigliola
Vendor Council District:	Project Council District:
District 1	District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	South Euclid, Ohio

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15173</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 11/19/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$450,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 7 / 5	<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 (6%) SBE (19%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. The first bidder was denied by the Reconsideration panel. The second bidder was approved by the Reconsideration Panel.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting (). N/A

If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? Approved.	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: First Bidder did not meet the goals for this project . Second bidder was approved .	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is funded 100% County Road & Bridge \$7.50 Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270205
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. 93% complete	
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):	11/20/2025
Date documents were requested from vendor:	11/21/2025
Date of insurance approval from risk manager:	12/15/2025
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):

BC2026-05

TITLE	FY25 HOMELESS CRISIS RESPONSE PROGRAM EMERGENCY SOLUTIONS GRANT FOR RAPID RE-HOUSING – REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY25 HOMELESS CRISIS RESPONSE PROGRAM EMERGENCY SOLUTIONS GRANT	9/23/25 – 9/22/27	\$1,473,600.00	12/11/23	CON2023-131
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>This grant provides Emergency Solutions Grant (ESG) funding through the Ohio Department of Development's Homeless Crisis Response Program (HCRP) to support Rapid Re-Housing (RRH) activities in Cuyahoga County. The funding will be administered by OHS with EDEN identified as the subrecipient.</p> <p>The project will provide time-limited rental assistance and housing stabilization services to households experiencing homelessness, enabling them to quickly exit emergency shelter or unsheltered situations and move into permanent housing. Households will be assessed and prioritized through the Coordinated Entry system, ensuring assistance is targeted to individuals and families with the highest need. EDEN will administer rental assistance payments, conduct housing inspections, and engage landlords, while partner agencies deliver case management services focused on housing stability and income growth.</p> <p>The grant supports the County's broader strategy to reduce homelessness, decrease shelter utilization, and ensure that homelessness is rare, brief, and non-recurring.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Increase permanent housing exits for households experiencing homelessness</p> <p>Improve housing stability and household income</p> <p>Reduce returns to homelessness and emergency shelter use</p>

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Emerald Development and Economic Network (EDEN), Inc. 7812 Madison Ave. Cleveland, OH 44102
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	Elaine Gimmel, Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	3
DOLLAR AMOUNT ALLOCATED:	\$1,473,600.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Development Homeless Crisis Response Program Emergency Solutions Grant
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source

	(no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

BC2026-06

TITLE	FY25 HOMELESS CRISIS RESPONSE PROGRAM OHIO HOUSING TRUST FUND FOR RAPID RE-HOUSING – REQUEST FOR GRANT APPLICATION AUTHORITY AND AWARD APPROVAL
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY25 HOMELESS CRISIS RESPONSE PROGRAM OHIO HOUSING TRUST FUND	1/1/26 – 2/29/28	\$368,700.00	2/12/24	CON2024-19
AMENDMENT (A-1)					
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant provides Ohio Housing Trust Fund funding through the Ohio Department of Development's Homeless Crisis Response Program (HCRP) to support Rapid Re-Housing (RRH) activities in Cuyahoga County. The funding will be administered by OHS with EDEN identified as the subrecipient.
----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>The project will provide time-limited rental assistance and housing stabilization services to households experiencing homelessness, enabling them to quickly exit emergency shelter or unsheltered situations and move into permanent housing. Households will be assessed and prioritized through the Coordinated Entry system, ensuring assistance is targeted to individuals and families with the highest need. EDEN will administer rental assistance payments, conduct housing inspections, and engage landlords, while partner agencies deliver case management services focused on housing stability and income growth.</p> <p>The grant supports the County's broader strategy to reduce homelessness, decrease shelter utilization, and ensure that homelessness is rare, brief, and non-recurring.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Increase permanent housing exits for households experiencing homelessness
	Improve housing stability and household income
	Reduce returns to homelessness and emergency shelter use

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Emerald Development and Economic Network (EDEN), Inc. 7812 Madison Ave. Cleveland, OH 44102
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	Elaine Gimmel, Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	3
DOLLAR AMOUNT ALLOCATED:	\$368,700.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

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

BC2026-07

(See related items for proposed travel/memberships for the week of 1/5/2026 in Section C above).

V – OTHER BUSINESS**Item of Note (non-voted)****Item No. 1**

TITLE	First Amendment to MOU between OAG and Cuyahoga County
DEPARTMENT OR AGENCY NAME	Cuyahoga County Sheriff's Department

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	OPIOID REMEDIATION GRANT	9/29/2025 – 9/29/2026	\$193,200.00	7/14/2025	CON2025-67
AMENDMENT (A-1)		12/16/2025 – 9/29/2026	\$50,000.00		
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>The Ohio Attorney's Office awards Cuyahoga County additional grant funding in the amount of \$50,000.00 to help pay for Medication Assisted Treatment (MAT) medications for inmates in the Cuyahoga County Corrections Center who are battling opioid withdrawal symptoms. This first amendment to the original Ohio Attorney General Opioid Remediation Grant award of \$193,200.00 increases the award amount to \$243,200.00. The grant award's project period remains the same, 9/29/2025 through 9/29/2026.</p>
----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Follow established best practices to improve outcomes for substance-addicted inmates
	Provide inmate treatment and oversight during incarceration
	Improve inmates' abilities to become law abiding, productive citizens

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

PROJECT COUNCIL DISTRICT:	The Cuyahoga Corrections Center is located in Council District 3 but potentially impacts all Council districts.
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All municipalities located in Cuyahoga County have the potential to be impacted by this project.

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

Item No. 2

TITLE	Health and Human Services-2026- Western Reserve Area Agency on Aging-Older
DEPARTMENT OR AGENCY NAME	Division of Senior and Adult Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i> <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i> ➤ <i>Is County Executive signature required</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i>
------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<input type="checkbox"/> Grant Award (<i>when the signature of the County Executive is not required</i>). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (<i>when no signature is required by the County Executive</i>)
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Western Reserve Area Agency	1/1/2023-12/31/2023	\$204,820.12	BC2019-720	9/30/2019
AMENDMENT (A-1)	Western Reserve Area Agency	1/1/2023-12/31/2024	\$204,820.12	CON2024-07	1/9/2024
AMENDMENT (A-)	Western Reserve Area Agency	1/1/2023-12/31/2025	\$204,820.12	CON2025-13	2/25/2025
AMENDMENT (A-)	Western Reserve Area Agency	1/1/2026-12/31/2026	\$204,820.12	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	These funds support a range of services to assist older adults and support family caregivers.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Connect seniors and individuals with disabilities with available benefits such as medical insurance or utility discount plans.
	Coordinate services and individuals with disabilities to assist them with a variety help,

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

SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Grant funded by Western Reserve Area on Aging through the Older Americans Act/Senior Community Services
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 1/5/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT