



**Cuyahoga County Board of Control Agenda  
Tuesday, January 20, 2026 - 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 – 1/12/2026**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-13**

Department of Public Works, recommending an award on RQ16279 and enter into Contract No. 5813 with ADMJ Holdings, LLC, DBA Advance Door Co. (10-1) in the amount not-to-exceed \$450,000.00 for preventative maintenance and inspection, repairs, inventory catalogue, and supply of spare parts for overhead doors, shutters, automated gates, and dock levelers at various County buildings, for the period 1/1/2026 – 12/31/2028.

Funding Source: General Fund

**BC2026-14**

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 5678 (fka Contract Nos. 3893 and 2292) with Summit Psychological Associates, Inc. for sex offender assessment and treatment services for the period 7/1/2021 – 6/30/2025 to extend the time period to 6/30/2026 and for additional funds in the amount not-to-exceed \$145,695.00.

Funding Source: Ohio Department of Rehabilitation and Correction Community Corrections Act Grant

**BC2026-15**

Court of Common Pleas/Domestic Relations Court Division,

- a) Submitting an RFP exemption, which will result in a Grant Agreement (via Contract No. 5828) with The Legal Aid Society of Cleveland in the amount not-to-exceed \$65,241.36 to provide training in understanding the civil and criminal justice systems to all Cuyahoga County court-based, related, and

appointed personnel as well as various prosecutors, law directors, law enforcement, and pretrial/probation personnel in connection with the FY2025 Office of Violence Against Women Justice for Families grant for the period 1/1/2026-9/30/2028.

- b) Recommending an award and enter into Contract No. 5828 with The Legal Aid Society of Cleveland in the amount not-to-exceed \$65,241.36 to provide training in understanding the civil and criminal justice systems to all Cuyahoga County court-based, related, and appointed personnel as well as various prosecutors, law directors, law enforcement, and pretrial/probation personnel in connection with the FY2025 Office of Violence Against Women Justice for Families grant for the period 1/1/2026-9/30/2028.

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

#### **BC2026-16**

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Motorola Solutions, Inc. in the amount not-to-exceed \$39,553.08 for the relocation, installation, and configuration of existing VESTA 9-1-1 workstations and Command Posts and (2) C8200 Cisco Routers to the dispatch center located at the Bedford Heights Police Station.
- b) Recommending an award on Purchase Order No. 25004895 to Motorola Solutions, Inc. in the amount not-to-exceed \$39,553.08 for the relocation, installation, and configuration of existing VESTA 9-1-1 workstations and Command Posts and (2) C8200 Cisco Routers to the dispatch center located at the Bedford Heights Police Station.

Funding Source: Wireless 9-1-1 Government Assistance Fund

#### **BC2026-17**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5111 with The Northeast Ohio Coalition for the Homeless for overflow shelter services for the Norma Herr Women's Shelter and to provide these services at St. Paul's Community Church, 4427 Franklin Boulevard, Cleveland for the period 1/8/2025 - 12/31/2025 to extend the time period to 10/31/2026, to add Exhibit II-C representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$279,728.00, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

#### **BC2026-18**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, recommending an award and enter into Contract No. 5756 with The Northeast Ohio Coalition for the Homeless (259-4) in the amount not-to-exceed \$75,000.00 to operate a low-barrier seasonal emergency shelter for unsheltered homeless for up to 40 adults at 1530 East 19th Street, Cleveland, Ohio 44114 for the period 12/15/2025 - 4/15/2026.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda**

**BC2026-19**

Fiscal Department, presenting proposed travel/membership requests for the week of 1/20/2026:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Health and Human Services	Public Children Services Association of Ohio	\$55,753.97	1/1/2026 - 12/31/2026	65% Health and Human Services Levy and 35% Title IV-E Reimbursement Fund

**Purpose of Membership:**

The Cuyahoga County Department of Children and Family Services (DCFS) is requesting authorization from Cuyahoga County to pay Public Children Services Association of Ohio (PCSAO) the 2026 PCSAO Annual Dues not to exceed \$55,753.97 for the period January 1, 2026, through December 31, 2026.

Dept:	Department of Communications							
Event:	2026 NACO Legislative Conference							
Source:	National Association of Counties							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Razum	2/20/2026- 2/24/2026	\$600.00	\$300.00	\$1,200.00	\$80.00	\$400.00	\$2,580.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The purpose of this trip is to attend the NACO Legislative Conference and participate in featured events that align with the County's strategic priorities. These events include the Childcare Supply Network National Showcase, which focuses on solutions to strengthen childcare infrastructure, and the Great Lakes Forum, which addresses regional collaboration and policy initiatives impacting the Great Lakes area.

Dept:	Department of Sustainability
Event:	2026 NACO Legislative Conference
Source:	National Association of Counties
Location:	Washington, DC

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	2/20/2026- 2/23/2026	\$600.00	\$180.00	\$900.00	\$80.00	\$400.00	\$2,160.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The purpose of this trip is to attend the NACO Legislative Conference and participate in featured events that align with the County's strategic priorities. These events include the Childcare Supply Network National Showcase, which focuses on solutions to strengthen childcare infrastructure, and the Great Lakes Forum, which addresses regional collaboration and policy initiatives impacting the Great Lakes area.

Dept:	County Executive's Office							
Event:	2026 NACO Legislative Conference							
Source:	National Association of Counties							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Debbie Berry	2/20/2026- 2/22/2026	\$0.00	\$120.00	\$600.00	\$80.00	\$400.00	\$1,200.00	National Association of Counties
Christopher Ronayne	2/20/2026- 2/24/2026	\$600.00	\$300.00	\$1,200.00	\$80.00	\$400.00	\$2,580.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The purpose of this trip is to attend the NACO Legislative Conference and participate in featured events that align with the County's strategic priorities. These events include the Childcare Supply Network National Showcase, which focuses on solutions to strengthen childcare infrastructure, and the Great Lakes Forum, which addresses regional collaboration and policy initiatives impacting the Great Lakes area.

Dept:	Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood							
Event:	2026 NACO Legislative Conference							
Source:	National Association of Counties							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shawna Rohrman	2/20/2026- 2/24/2026	\$0.00	\$120.00	\$200.00	\$80.00	\$400.00	\$800.00	National Association of Counties
Alyssa Swiatek	2/19/2026- 2/24/2026	\$0.00	\$120.00	\$400.00	\$80.00	\$400.00	\$1,000.00	National Association of Counties

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The purpose of this trip is to attend the NACO Legislative Conference and participate in featured events that align with the County's strategic priorities. These events include the Childcare Supply Network National Showcase, which focuses on solutions to strengthen childcare infrastructure, and the Great Lakes Forum, which addresses regional collaboration and policy initiatives impacting the Great Lakes area.

**BC2026-20**

Department of Purchasing, presenting proposed purchases for the week of 1/20/2026:

**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
26000084	Various Boom Crane Parts and Inspections	Department of Public Works	ALT Sales Corp	Not-to-exceed \$17,500.00	57% Sanitary Sewer 29% Road & Bridge 14% General Fund
26000021	Annual order of (1,300) Cases of C-Fold Paper Towels	Sheriff's Department	Amico LLC dba United Business Supply	\$26,247.00	General Fund
26000022	Annual order of (500) cases of bar soap for inmates	Sheriff's Department	Bob Barker Company, Inc.	\$16,560.00	General Fund

26000073	Annual order of (6,000) uniforms for male inmates in various sizes	Sheriff's Department	Acme Supply Co., LTD	\$34,500.00	General Fund
26000077	Annual order of (3,600) uniforms for female inmates in various sizes	Sheriff's Department	Acme Supply Co., LTD	\$20,700.00	General Fund

## V- OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

Fiscal Office, submitting a grant award from KeyBank Foundation in the total amount of \$150,000.00 for a philanthropic investment in the Financial Empowerment Center for the period 1/1/2025 – 12/31/2027.

Funding Source: KeyBank Foundation

#### Item No. 2

Fiscal Office, submitting a grant award from First Federal Lakewood in the total amount of \$10,000.00 for a philanthropic investment in the Cuyahoga County Financial Empowerment Center for the period 1/1/2026 – 12/31/2027.

Funding Source: First Federal Lakewood

#### 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
NA	5503	Nutter Consulting, LLC	For consulting services to provide technical assistance for the municipal climate action project.	0.00	Department of Sustainability	7/15/2025-12/31/2025 to <b>extend the time period to 3/31/2026, effective 12/29/2025.</b>	(Original) U.S. EPA Climate Pollution Reduction Grant Subaward	(Executive) 12/29/2025 (Law) 12/29/2025
NA	5668	Intelligent Payment Solutions, LLC dba F&E	to provide remittance scanners and associated	\$5,495.00	Fiscal Office	10/1/2024-9/30/2027	(Original) Special Interest Fund	(Executive) 1/14/2026 (Law) 1/14/2026

		Payment Pros	maintenance, support and licensing services, <b>to expand the scope of services to add one additional CAR/LAR license and for additional funds in the amount not- to-exceed \$5,495.00, effective upon signatures of all parties.</b>					
--	--	-----------------	--	--	--	--	--	--

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

## Minutes

Cuyahoga County Board of Control

Monday, January 12, 2026 - 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

Mellany Seay, Finance and Operations Administrator, Department of Public Works

(Alternate for Michael Dever)

Paul Porter, Director, Department of Purchasing

Laura Black, County Council (Alternate for Meredith Turner until Ms. Turner entered the room at 11:04 a.m.)

Trevor McAleer, County Council (Alternate for Michael Houser)

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 1/5/2026**

Michael Chambers motioned to approve the minutes from the January 5, 2026, meeting; Paul Porter 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**

#### **BC2026-08**

Department of Public Works, submitting an amendment to Contract No. 1646 with Tri Mor Corporation for reconstruction and widening of Sprague Road from West 130th Street to York Road in the Cities of Parma and North Royalton for additional funds in the amount not-to-exceed \$71,497.07; 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: 50% County Motor Vehicle \$7.50 License Tax Fund, 25% City of North Royalton and 25% City of Parma



Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-08 was approved by unanimous vote.

#### **BC2026-09**

Department of Purchasing, submitting an amendment "Schedule A" to Contract No. 5819 (fka Contract No. 4332) with Garda CL Great Lakes, Inc. for armed guard and armored truck services for various County Departments for the period 7/1/2024 – 6/30/2025 to extend the time period to 1/1/2027 commencing 1/1/2026, to change the terms, including rates and service locations, and for additional funds in the amount not-to-exceed \$104,908.64, which includes a contingency reserve of \$2,000.00 for unforeseen services effective upon signatures of all parties.

Funding Source: 70% General Fund and 30% Cuyahoga Support Enforcement Fund

Paul Porter, Department of Purchasing, presented. During the presentation of the item Paul Porter elaborated on a Smart Safe option which we are planning to pilot test with Child Support Services. The smart safe option will allow employees at the site to scan currency as it comes in through a machine which drops the funds into the smart safe and reflects the funds in our bank account daily. Garda will do pickups every two weeks of these funds eliminating the need for daily pick-ups which will save money over the long term. Michael Chambers commented that this gives us another avenue to overcome the ongoing struggles we've had over the last year when funds over \$1,000.00 are required to be deposited daily and are not being picked up. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-09 was approved by unanimous vote.

#### **BC2026-10**

Department of Human Resources, submitting an amendment to a Revenue Generating Agreement (via Contract No. 4299) with Cuyahoga County Convention Facilities Development Corporation – CCCFDC for participation in the Cuyahoga County Benefits Regionalization Program for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026, to remove Exhibit A in its entirety and replace it with Exhibit A 2025-2, ~~no additional revenue required,~~ **and for additional revenue in the anticipated amount of \$41,797.00,** effective upon signatures of all parties.

Funding Source: Revenue Generating

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item as amended; Meredith Turner seconded. **Item BC2026-10** was approved by unanimous vote as amended.

#### **C – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-11 through BC2026-12; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2026-11**

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of December 2025 in accordance with E02012-0001.

Funding Source: Revenue Generating

**BC2026-12**

Fiscal Department, presenting proposed travel/membership requests for the week of 1/12/2026:

Dept:	Department of Public Works							
Event:	2026 Water & Wastewater Equipment, Treatment & Transport Show							
Source:	WWETT Water Wastewater Equipment Treatment Transport Show							
Location:	Indianapolis, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Robert Dietrich	2/16/2026-2/19/2026	\$180.00	\$172.00	\$919.62	\$228.38	\$0.00	\$1,500.00	Sanitary Operating Fund
David Glisic	2/16/2026-2/19/2026	\$180.00	\$172.00	\$919.62	\$228.38	\$0.00	\$1,500.00	Sanitary Operating Fund
Stephen Cooper	2/16/2026-2/19/2026	\$180.00	\$172.00	\$919.62	\$228.38	\$0.00	\$1,500.00	Sanitary Operating Fund
Gary Green	2/16/2026-2/19/2026	\$180.00	\$172.00	\$919.62	\$228.38	\$0.00	\$1,500.00	Sanitary Operating Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Go to the Water & Wastewater Equipment Treatment & Transport Show conference to attend classes for contact hours for Wastewater License along with the opportunity to look at new technology and equipment for Pump Stations, CCTV and Sewer Cleaning Equipment.

## 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
9647	4329 (fka 2861)	KS Associates, Inc.	For preliminary Engineering design services for various FEMA Lakefront sites,	0.00	Department of Public Works	12/19/2022-12/31/2025 to <b>extend the time period to 7/31/2027, effective upon signatures of all parties.</b>	(Original) 57% FEMA HMGP Grant and 43% General Fund - ARPA Revenue Replacement/ Provision of Government Services	(Executive) 12/29/2025 (Law) 1/5/2026

#### Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023-0210	Right-of-Way Acquisition for rehabilitation of North Marginal Road Connector from East 9 <sup>th</sup> Street to East 55 <sup>th</sup> Street in the City of Cleveland related to Public Convenience and Welfare (R2023-0197). Council District 7 – Yvonne M. Conwell (Contract No. 5533 – Sailing, Inc.)	\$300,000.00 (right-of-way)	<del>\$43,672.00</del> \$115,028.15	County Road and Bridge Funds (Original Funding Source) Metroparks Funding	(Executive) 1/7/2026 (Law) 1/7/2026

#### Item No. 2

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 12/1/2025 – 12/31/2025 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “01/12/2026 – Board of Control Meeting”.

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

## VI – PUBLIC COMMENT

There was no public comment.

## **VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:09 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-13**

Title	Public Works-ADMJ Holdings LLC dba Advance Door Company- Overhead Door Contract
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5813	ADMJ Holdings LLC dba Advance Door Co.	01/01/2026 – 12/31/2028	\$450,000.00	Pending	Pending

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

This contract will provide overhead door maintenance and repairs for various County buildings.

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 preventative maintenance and inspection, repairs, inventory catalogue and the provision of spare parts for overhead doors, shutters, automated gates and dock levelers at various Cuyahoga County buildings.

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: ADMJ Holdings LLC dba Advance Door Company 5260 Commerce Parkway Parma, Ohio 44130	Owner, executive director, other (specify): Jerry O’Flanagan, President
--	--

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 16279 <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: \$450,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10/1	<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 ( 10% ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" 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? There was only one (1) bid.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  100% General Fund
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain): YES
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  PW750100-55220
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: There were discrepancies with the vendor regarding the contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	09.05.25
Date documents were requested from vendor:	11.26.25
Date of insurance approval from risk manager:	12.08.25
Date Department of Law approved Contract:	12.11.25
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 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	2401	ADMJ Holdings LLC dba Advance Door Co.	04.28.22-04.27.25	\$300,000.00	4.25.2022	BC2022-250

A	2401	ADMJ Holdings LLC dba Advance Door Co.	4.28.25-12.31.25	\$250,000.00	4.15.2024	BC2024-282
---	------	--	------------------	--------------	-----------	------------

**BC2026-14**

Title	Summit Psychological (Sex Offender Program)
Department or Agency Name	Corrections Planning Board
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 Contract	2292	Summit Psychological Associates, Inc.	July 1, 2021 to June 30, 2023	\$291,390.72	04/18/2022	BC2022-238
First Amendment	3893	Summit Psychological Associates, Inc.	July 1, 2023 to June 30, 2025	\$291,390.72	11/13/2023	BC2023-725
Second Amendment	5678 (copied due to Lawson error)	Summit Psychological Associates, Inc.	July 1, 2025 to June 30, 2026	\$145,695.00		

<p>Service/Item Description (include quantity if applicable).</p> <p>Under this amendment, Summit Psychological will continue to provide assessment and intensive treatment services to adult sex offenders placed on community control supervision who have been ordered by the Court of Common Pleas to participate in the Adult Probation Department's Sex Offender Program. Clinical services offered by the Program include assessments, counseling, psychiatric consultation, and treatment for concerned persons.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):          Provide Common Pleas Court Probation Officers with treatment service alternatives for sex offenders.</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:	Owner, executive director, other (specify):
Summit Psychological 90 North Summit St Akron, OH 44308	James A. Orlando, Ph.D., President
Vendor Council District:	Project Council District:
All	All
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. N/A  *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"/> 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.	

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>The project is 100% funded through Ohio Department of Rehabilitation and Correction (ODRC) Community Corrections Act grant funds.</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. CP285170
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. Project is ongoing to ensure clients undergoing supervision by the Common Pleas Court’s Adult Probation Department are served with appropriate court-mandated programming.	
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: Waited for the Ohio Community Corrections Act (CCA) 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	April 1, 2025
Date documents were requested from vendor:	July 11, 2025
Date of insurance approval from risk manager:	September 18, 2025
Date Department of Law approved Contract:	September 18, 2025
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Waited for the CCA 2.0 grant funding to be approved in August. Delay caused by a modification to the agreement which needed to be re-approved by the county executive.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above
---

#### BC2026-15

Title	The Legal Aid Society of Cleveland
-------	------------------------------------

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	5828	The Legal Aid Society of Cleveland	1/1/2026 – 9/30/2028	\$65,241.36	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.

Requesting approval of a contract with The Legal Aid Society of Cleveland (LASC), in the amount not to exceed \$65,241.36 for the period of 1/1/2026 to 9/30/2028.

Under the contract LASC will:

Assist in developing and providing training for court-based, court-related, court-appointed and civil justice system 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: The Legal Aid Society of Cleveland 1223 West Sixth Street Cleveland, OH 44113	Owner, executive director, other (specify): Colleen M. Cotter, Esq., 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.  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: Contract negotiations between the County and vendor.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/28/2025
Date documents were requested from vendor:	12/23/2025
Date of insurance approval from risk manager:	12/19/2025
Date Department of Law approved Contract:	12/19/2025
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):

**BC2026-16**

Title	Public Safety and Justice Services; Motorola Solutions, Inc. VESTA 9-1-1 Services
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	25004895	Motorola Solutions, Inc.	N/A	\$39,553.08	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.

Relocation, installation, and configuration of various equipment.

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):

Relocation, installation, and configuration of (9) nine VESTA 9-1-1 workstations and (10) ten VESTA 9-1-1 Command Posts from existing CECOMS location to Bedford Heights PD.

Installation and configuration of (2) C8200 Cisco Routers for AT&T IP FLEX.

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):
Motorola Solutions, Inc. 500 W Monroe St Ste 4400 Chicago IL 60661	Lisa Flask 9-1-1 Account Executive
Vendor Council District:	Project Council District:

N/A	All districts.
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% Wireless 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.
PJ280105
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. Currently waiting for the PO to be generated.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):
-----------------------------

### BC2026-17

Title	OHS; Northeast Ohio Coalition for the Homeless; Amendment 2; Overflow Shelter Services for Women
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> 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	5111	The Northeast	1/8/2025- 4/30/2025	\$122,211.32	1/28/2025	BC2025-57



		Ohio Coalition for the Homeless				
A1	5111	The Northeast Ohio Coalition for the Homeless	Effective upon signature- 12/31/2025	\$244,422.64	6/30/2025	BC2025-430
A2	5111	The Northeast Ohio Coalition for the Homeless	1/1/2026-10/31/2026	\$279,728.00	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.

NEOCH will manage overflow shelter services provided to unsheltered homeless women in Cuyahoga County. The services will include:  
Bathroom facilities, lockers, and bedding.

Office of Homeless Services plans to amend Contract No. 5111 with Northeast Ohio Coalition for the Homeless to extend time period from 12/31/2025 through 10/31/2026 for Overflow Shelter Services in the amount of \$279,728.00 with no changes to the scope or rates.

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide a safe and secure facility for women when larger shelters are at capacity or are unable to provide relevant services.

Provide support services to connect persons to stable housing.

Reduce unsheltered homeless population.

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:

Northeast Ohio Coalition for the Homeless  
3631 Perkins Ave  
Cleveland, OH 44114

Owner, executive director, other (specify):

Chris Knestrick, Executive Director

Vendor Council District:	Project Council District:
7	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

☐ Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
☐ Check if item is ERP related? ☐ No ☐ Yes.

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

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

100% Health and Human Services Levy Funds

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.

HS260350 – 55130 – UCH09999

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

Provide status of project.

Project is currently functioning as intended. These funds are needed to continue the operations for the next year.

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

Reason: Working on budget with vendor to determine appropriate funding for term

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/8/2025 (OHS) 12/19/25 (DCAP)
---	------------------------------------

Date documents were requested from vendor:	12/8/2025
--	-----------

Date of insurance approval from risk manager:	12/26/2025
---	------------

Date Department of Law approved Contract:	1/2/2026
---	----------

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

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

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

HISTORY (see instructions): See chart above

## BC2026-18

Title	OHS; The Northeast Ohio Coalition for the Homeless; 2025/2026 Contract for Seasonal Shelter
Department or Agency Name	Office of Homeless 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	5756	The Northeast Ohio Coalition for the Homeless	12/15/25- 4/15/26	\$75,000.00	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 Northeast Ohio Coalition for the Homeless (NEOCH) will operate a seasonal emergency shelter at 1530 East 19<sup>th</sup> Street, Cleveland, Ohio 44114. The shelter will operate seven (7) days per week from 7:00 PM to 7:00 AM, beginning December 15, 2025, and concluding April 15, 2026. The program will provide overnight accommodations for up to forty (40) adults experiencing unsheltered homelessness in Cleveland and Cuyahoga County. The goal of the program is to offer a safe, warm, and dignified environment during the winter months for individuals who do not routinely access traditional shelter options.

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):

NEOCH will ensure that guests have access to comfortable sleeping accommodations, restrooms, hygiene supplies, showers, and laundry services nightly and access to winter clothing as needed. One hot evening meal will be provided nightly.

In addition to meeting immediate basic needs, shelter staff will provide supportive engagement and crisis intervention services to help guests stabilize and connect to longer-term supports. Staff will make referrals and linkages to housing navigation and other supportive services, as well as to employment and benefits assistance resources.

Guests will also be referred to Coordinated Intake for comprehensive assessment and referral to appropriate year-round shelter and housing opportunities when applicable.

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):
NEOCH 3631 Perkins Ave # 3 Cleveland, Ohio 44114	Christopher Knestrick, Executive Director

Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	County-wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>Event#6535</u> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: August 4, 2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$150,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received)  22/4	<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 (DEI Search completed)  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: We selected the best bidder based on the responses.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Pricing among the bids received were competitive.	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

--

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health & Human Services Levy Dollars
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260350
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. NEOCH plans to begin seasonal shelter operations December 15, 2025.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: There were delays in vendor response to required documents.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/18/2025
Date documents were requested from vendor:	10/20/2025
Date of insurance approval from risk manager:	12/3/2025
Date Department of Law approved Contract:	12/19/25
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) services began December 15, 2025. Vendors started providing services while contract was being drafted so we could ensure people stayed out of the freezing weather.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See above table
---

### C. - Consent Agenda

#### BC2026-19

(See related items for proposed travel/memberships for the week of 1/20/2026 in Section C above).

#### BC2026-20

(See related items for proposed purchases for the week of 1/20/2026 in Section C above).

## V – OTHER BUSINESS

### Item of Note (non-voted)

#### Item No. 1

TITLE	KeyBank Foundation; Financial Empowerment Center
DEPARTMENT OR AGENCY NAME	Fiscal 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 checked="" 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)	Cuyahoga County Financial Empowerment Center	1/1/26-12/31/27	\$150,000.00		
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		KeyBank Foundation is providing \$150,000.00 in funding for the Financial Empowerment center (FEC)			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Provide funding to help with startup cost			
		Provide funding for training and certifications			
		Provide funding for supplies and handouts			

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

LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

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

## Item No. 2

TITLE	First Federal of Lakewood Financial Empowerment Center
DEPARTMENT OR AGENCY NAME	Fiscal Department

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

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Cuyahoga County Financial	1/1/26-12/31/27	\$10,000.00		



	Empowerment Center				
AMENDMENT (A-1)					
AMENDMENT (A- )					

DESCRIPTION/ EXPLANATION OF THE GRANT:	First Federal Lakewood is providing \$10,000.00 in funding for the Financial Empowerment center (FEC)
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To provide funding for startup cost
	To provide funding for training and certifications
	To provide financial resources

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	First Federal Lakewood
	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 processed and executed for the week of 1/20/2026 in Section V. above).

**VI – PUBLIC COMMENT****VII – ADJOURNMENT**