



**Cuyahoga County Board of Control Agenda
Monday, January 26, 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 – 1/21/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-21

Department of Public Works, submitting an amendment to Contract No. 4459 with Schirmer Construction LLC for pier repairs on West 150th Street Bridge No. 01.94 over Chatfield Avenue, Greater Cleveland Regional Transit Authority, Norfolk Southern Railroad and Emery Road Extension in the City of Cleveland for the period 7/10/2024 through project completion and for additional funds in the amount not-to-exceed \$127,192.82, effective upon signatures of all parties.

Funding Source: County Motor Vehicle \$7.50 License Tax Funds

BC2026-22

Department of Public Works,

- a) Submitting an RFP exemption, which will result in an award recommendation to Home Depot U. S. A., Inc. in the amount not-to-exceed \$40,000.00 for routine equipment and material purchases for operational needs for various County Facilities on and as needed basis for the period 1/1/2026 – 12/31/2026.
- b) Recommending an award on Purchase Order No. 26000169 to Home Depot U. S. A., Inc. in the amount not-to-exceed \$40,000.00 for routine equipment and material purchases for operational needs for various County Facilities on and as needed basis for the period 1/1/2026 – 12/31/2026.

Funding Source: General Fund

BC2026-23

Fiscal Office, submitting an amendment to Contract No. 5864 (fka Contract Nos. 5061, 4990, and 2127) with Neumo Tax & Licensing, LLC formerly known as GovOS, Inc., for a cloud-based records management system, support and maintenance services for the Fiscal Department/Transfer and Recording Division for the period 2/10/2022 - 2/9/2027, to modify the scope of services to include the design and development of a new fraud prevention tool as outlined in Schedule D, and for additional funds in the amount not-to-exceed \$100,000.00, effective upon signatures of all parties.

Funding Source: Real Estate Assessment Fund

BC2026-24

Department of Information Technology, recommending an award on Purchase Order No. 26000130 to SHI International Corp. in the amount not-to-exceed \$82,822.00 for a joint cooperative purchase for the renewal of Coreview licenses (5,000) each Enterprise and Audit and (1) Premium support license for the period 3/25/2026 – 3/24/2027.

Funding Source: General Fund

BC2026-25

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5859 (fka Contract Nos. 4945, 4019) with Bellefaire Jewish Children's Bureau to provide Integrative Co-occurring treatment (ICT) to eligible youth for the period 7/1/2023 – 6/30/2026 to extend the time period to 6/30/2027, to change the scope of services and terms, replace the insurance requirements and for additional funds in the amount not-to-exceed \$200,000.00 effective upon signatures of all parties.

Funding Source: RECLAIM Grant

BC2026-26

Department of Public Safety and Justice Services, submitting a Revenue Generating Agreement (via Contract No. 5842) with City of Strongsville in the amount not-to-exceed \$101,664.00 for reimbursement of related expenses for use of (4) additional Motorola NG9-1-1 workstations, located at 17000 Prospect Road, Strongsville for the period 4/1/2025 - 3/31/2028.

Funding Source: Revenue Generating – revenue will be deposited into Wireless 9-1-1 Government Assistance Fund

BC2026-27

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 4013 with Lutheran Metropolitan Ministry for adult guardianship services for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026, to change the scope of services and terms, add Exhibit II-B representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$675,000.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-28

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 5024 with CMT Consulting, Ltd. for targeted, digital display and video advertising and related services to promote services available for women ages 35-75 across various Cuyahoga County zip codes for the period 1/1/2025 – 12/31/2025 to extend the time period to 12/31/2026, to add Exhibit 3 representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$23,000.00.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2026-29

Department of Health and Human Services/Division of Children and Family Services, recommending to amend Board of Control Approval No. BC2025-324, dated 5/12/2025, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 to extend the time period to 12/31/2026 and to change the total amount not-to-exceed from \$1,750,000.00 to \$2,000,000.00.

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

D. – Consent Agenda

BC2026-30

Department of Purchasing, presenting proposed purchases for the week of 1/26/2026:

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
25005018	Asbestos removal services at the Justice Center	Department of Public Works	AAA American Abatement and Asbestos Removal Corporation	\$22,078.00	General Fund
25005099	Various sizes of promotional t-shirts for the Animal Shelter	Department of Public Works	Axent Graphics Inc	Not-to-exceed \$22,000.00	General Fund
26000123	Annual order of (650) cases of personal care products for female inmates	Sheriff's Department	CWGC LA Inc. dba SierraSoft Corp.	\$11,017.50	General Fund

26000154	Annual order of (2,685) Sweatshirts for inmates in various colors and sizes	Sheriff's Department	Victory Supply LLC	\$18,097.40	General Fund
26000158	Annual order of (6,780) T-shirts for inmates in various colors and sizes	Sheriff's Department	Victory Supply LLC	\$18,775.80	General Fund
26000188	Annual order of (11,400) undergarments for male inmates in various sizes	Sheriff's Department	Bids Supply, Inc.	\$12,937.50	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000082	Emergency veterinary services for the Animal Shelter for November and December 2025*	Department of Public Works	Karen Ganofsky, DVM	\$18,797.75	50% Dog Kennel Operations Fund and 50% Dick Goddard Best Friend Fund

*Approval No. BC2025-432, dated 6/30/2025 which amended BC2023-453, dated 7/17/2023, which authorized an alternative procurement process resulting in purchase orders to various providers for medical, surgical and animal care services for the period 7/1/2023 – 6/30/2025, to extend the time period to 12/31/2027 and for additional funds in the amount not-to-exceed \$150,000.00.

V- OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

Cuyahoga County Law Library, requesting authority to submit a grant application to the Statewide Consortium of County Law Library Resources Boards to receive a 25% credit off of the 2% dues which are due to the Consortium for FY2026 dues.

Funding Source: Statewide Consortium of County Law Library Resources Board

Item No. 2

Department of Public Safety and Justice Services, submitting an amendment to a Grant Agreement with the Ohio Department of Public Safety, Emergency Management Agency for the FY2023 Urban Area Security Initiative Grant Program for the period 9/1/2023 – 12/31/2025, to extend the time period 7/31/2026; no additional funds required.

Funding Source: FY2023 Urban Area Security Initiative Grant Program

Item No. 3

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 \$24,377.67 for the Medicare Improvements for Patients and Providers Act (MIPPA) Medicare Savings Programs, Low-income Subsidy and Prescription Drug Assistance through the Aging Network, State Health Insurance Program (SHIP) and Aging and Disability Resource Centers for the period 9/1/2025 – 8/31/2026.

Funding Source: Western Reserve Area Agency on Aging through the Federal Medicare Improvements for Patients and Providers Act (MIPPA)

Item No. 4

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
RQ46567 (BuySpeed)	2420 (fka CE1900408)	Hanna Commercial, LLC	for property management services for the Medical Examiner building and parking garage, located at 11001 Cedar Avenue, Cleveland	0.00	Department of Public Works	1/1/2020- 12/31/2025 to extend the time period to 12/31/2027	(Original) General Fund	(Executive) 1/21/2026 (Law) 1/16/2026
RQ 14044	4774	Keen Independent Research LLC	For a Disparity Study of Minority and Woman- Owned Businesses in Cuyahoga County and surrounding geographic areas	0.00	Department of Equity and Inclusion	9/17/2024- 12/31/2025 to extend the time period to 6/30/2026	(Original) General Fund	(Executive) 1/21/2026 (Law) 1/21/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Wednesday, January 21, 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 11:05 a.m.

Attending:

Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)
Paul Porter, Director, Department of Purchasing
Councilmember Robert Schleper
Laura Black, County Council (Alternate for Councilmember Meredith Turner)
Trevor McAleer, County Council (Alternate for Councilmember Michael Houser)

II. – REVIEW MINUTES – 1/12/2026

Leigh Tucker motioned to approve the minutes from the January 12, 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

BC2026-13

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-13 was approved by unanimous vote.

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

Meghan Patton, Court of Common Pleas/Corrections Planning Board, presented. Robert Schleper asked how many individuals this on average is serving annually. The Presenter will follow up. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-14 was approved by unanimous vote.

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

Erjon Kadriu, Court of Common Pleas/Domestic Relations Court Division, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2026-15 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Robert Schleper asked are we exiting the Chagrin Valley dispatch. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2026-16 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2026-17 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked these kinds of pop-up shelters, how many on average do we operate in the winter months. Asked because of projects like the Norma Herr project or is there a rise in need throughout the city. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-18 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2026-19 through BC2026-20; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-19

Fiscal Department, presenting proposed travel/membership requests for the week of 1/21/2026:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
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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
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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 1/21/2026:

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/CON2026-03

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/CON2026-04

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 extend the time period to 3/31/2026, effective 12/29/2025.	(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 Payment Pros	to provide remittance scanners and associated maintenance, support and licensing services, 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.	\$5,495.00	Fiscal Office	10/1/2024-9/30/2027	(Original) Special Interest Fund	(Executive) 1/14/2026 (Law) 1/14/2026

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Trevor McAleer seconded. The motion to adjourn was unanimously approved at 11:16 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-21

Title	Jefferson Avenue Replacement of Existing Bridge 00.57 Over Norfolk Southern Railway in the City of Cleveland
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.
Original	4459	Schirmer Construction LLC	n/a	\$1,609,858.50	July, 2nd 2024	R2024-0237
A-1	4459	Schirmer Construction LLC	n/a	\$127,192.82	Pending	Pending

<p>Service/Item Description (include quantity if applicable). The project consists of the removal and replacement of the pier cap, bearings and patching of existing Pier 5 West 150th St Bridge and extension of Emery Road in the City of Cleveland.</p> <p>There were numerous increases and decreases of plan items which were necessary to complete the scope of the project. There were two new items needed. Portable concrete barrier (\$33,710.13) was required to keep traffic off the section of the bridge that was jacked and temporarily supported. Railroad flagging (\$145,396.88) – We did not know the cost of the flagging when the project was bid. Norfolk Southern required flagging amounting to \$145,396.88. We were obligated to pay this. The overall result of this amendment is an increase of \$127,192.82.</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): See Above Service Description</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):
Schirmer Construction LLC 31350 Industrial Parkway North Olmsted, OH 44070	Nick lafigliola- President
Vendor Council District:	Project Council District:
District 1	District 2-3
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland, Ohio

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 14230 (Insert RQ# for formal/informal items, as applicable) <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 04/22/2024	Provide a short summary for not using competitive bid process. The scope of work did not change. This work is per specifications and to meet existing field conditions. *See Justification for additional information.
The total value of the solicitation: \$1,609,858.50	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 1/ 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 (19%) MBE (5%) 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 (). N/A
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? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related Yes 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. County Funding -100% County Motor Vehicle \$7.50 License Tax 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. PW605105
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 in terms of estimates paid
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission
Reason:
Timeline
Project/Procurement Start Date (date your team started working on this item):
Date documents were requested from vendor:
Date of insurance approval from risk manager:
Date Department of Law approved Contract:
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

BC2026-22

Title	Department of Public Works – Home Depot, U.S.A., Inc – Exemption PO for 2026
Department or Agency Name	Department of Public Works

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):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26000169	Home Depot, U.S.A., Inc.	1.1.2026 – 12.31.2026	\$40,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).
 The Department of Public Works is requesting approval of a purchase order with Home Depot, U.S.A., Inc to allow the purchase of operational materials from a big-box retail store in close proximity to County facilities.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The intent of this exemption is to provide a vendor within close proximity of County facilities, equipment and materials required for immediate use.
 Home Depot has many locations throughout Cuyahoga County including Cleveland’s Steelyard Commons location which is in close proximity to Downtown Cuyahoga County buildings as well as the large Harvard Maintenance Garage where our Sanitary, Road & Bridge, and Fleet divisions are located and are known to need materials from Home Depot for immediate business needs.

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

Vendor Name and address: Home Depot, U.S.A., Inc. 2455 Paces Ferry Road Atlanta, GA 30339	Owner, executive director, other (specify): Craig Menear, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	<p>The Department of Public Works is requesting approval of a purchase order with Home Depot, U.S.A., Inc to allow the purchase of supplies from a big box retail materials that would otherwise be difficult to forecast and procure via a bid process.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>Facilities - \$40,000.00 – General Fund – 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.

PW750100
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: Original intent was for a multi-year contract, continued delays with the vendor and Law Dept. in getting a contract draft since 11/12/25 – this is a temporary PO until the contract is finalized with the vendor.
Timeline
Project/Procurement Start Date (date your team started working on this item): 11/10/25
Date documents were requested from vendor: NA
Date of insurance approval from risk manager: NA
Date Department of Law approved Contract: NA
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Original intent was for a multi-year contract, continued delays with Law Dept. in getting a contract draft since 11/12/25 – this is a temporary PO until the contract is finalized with the vendor.
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	25005177	Home Depot, U.S.A., Inc.	1.1.2025–12.31.2025	\$49,500.00	12.23.2024	BC2024-967
A	25005177	Home Depot, USA Inc.	1/1/25 – 12/31/25	\$10,500.00	9/22/25	BC2025-591

BC2026-23

Title	Fiscal Department; Neumo Tax & Licensing, LLC; Land Record Management System
Department or Agency Name	Fiscal Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order

	<input type="checkbox"/> Other (please specify):
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Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2127	Kofile Technologies	2/10/22- 2/9/27	\$3,264,300.00	2/10/2022	R2022-0023
A-1	4990	GovOS Inc. Partial Assignment	8/1/2023- 2/9/2027	\$0.00	11/25/2024	BC2024-859
A-2	5061	GovOS Inc Full Assignment	4/1/2025- 2/9/2027	\$0.00	6/30/2025	BC2025-418
A-3	5864	Neumo Tax & Licensing LLC Full Assignment	Effective- 2/9/2027	\$100,000.00	Pending	Pending

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

This is an assignment and assumption contract to fully assign the agreement to Neumo Tax & Licensing LLC from GovOS inc. This assignment also includes a change in scope to cover the development of a fraud-reduction tool to help protect against deed fraud.

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):
 Daily Indexing Services
 Cloud Services
 Fraud protection tool

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):
Neumo Tax & Licensing LLC 8310 N. Capital of Texas Hwy Austin, TX 78731	Rick Toynbee Customer Success Manager
Vendor Council District:	Project Council District:

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

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td>List date of TAC approval</td> <td>Date: 10/30/2025</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 10/30/2025
List date of TAC approval	Date: 10/30/2025	
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.
 Real Estate Assessment- 100%

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.
 FS305100

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions): see chart above

BC2026-24

Title	PO26000130JCOP- 2026- Renewal of CoreView Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26000130 JCOP	SHI International Corp	3/25/2026- 3/24/2027	\$82,822.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with SHI International Corp., during March 25, 2026 – March 24, 2027 for Coreview Enterprise Licenses in the amount of \$82,822.00

This request is for a one-year renewal of hosted software services for the Coreview product that is used to standardize and streamline the administration of Microsoft 365 email accounts.

This product allows for email creation standards to be adhered to, delegates permissions to County Departments who have their own IT Department's to be able to only administer their own users accounts and simplifies account management by scripting repetitive tasks.

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 renew Coreview Subscription

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):
SHI International Corp 290 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
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. SHI is able to provide the County with joint cooperative purchasing contract pricing. All joint cooperative contracts have gone through competitive bidding and award processes. Sourcwell joint cooperative purchasing contract #121923-SHI expires 02/27/2028. A competitive process was completed through Sourcwell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award.

	*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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcwell joint cooperative purchasing contract #121923-SHI expires 02/27/2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date: 1/16/2025
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

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.
 IT100140

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25000043 JCOP	SHI International Corp	3/25/2025-3/24/2026	\$55,868.56	1/27/2025	BC2025-52

BC2026-25

Title	SECOND AMENDMENT FOR INTEGRATED CO-OCCURRING TREATMENT BELLEFAIRE JEWISH CHILDREN'S BUREAU
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE DIVISION
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	4019	Bellefaire Jewish	7/1/2023-6/30/2025	\$250,715.00	1/2/2024	BC2024-13

		Children's Bureau				
(A-1)	4945	Bellefaire Jewish Children's Bureau	7/1/2023-6/30/2026	\$501,430.00	11/26/2024	R2024-0417
(A-2)	5859	Bellefaire Jewish Children's Bureau	7/1/2023-6/30/2027	\$200,000.00	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.

ICT is an integrated treatment approach embedded in an intensive home-based therapy delivery for youth and family. This amendment is to extend the term from July 1, 2023, through June 30, 2027, increase the funds in the amount of \$200,000.00, replace the Section I. TARGET POPULATION, replace Subsection (A) of Section II (Description of Services), replace Subsection (B) of Section III(Operational Details), replace Subsection (A) of Section V (Budget Reimbursement), replace Subsection (B) of Section V (Budget-insurance and /or Medicaid reimbursement), add Section XXIX(HEADINGS), replace insurance requirements of the contract with the attached SCHEDULE A. Section XI. (INSURANCE), will be stricken it its entirety and replaced, and add section XXX. LEGAL NOTICE – all notices under this contract shall be in writing and shall be deemed to have been duly given if delivered in person, by commercial overnight courier, or by certified mail. This changes the not-to-exceed value of the contract from \$752,145.00 to \$952,145.00.

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): The vendor shall utilize the Integrated Co-Occurring Treatment (ICT) model to provide Intensive Home-Based Treatment services to target each youth's needs, while providing the youth and family with crisis stabilization, safety planning, cognitive interventions, and skill building services

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

Vendor Name and address: Bellefaire Jewish Children's Bureau 22001 Fairmount Blvd. Shaker Heights, Ohio 44118	Owner, executive director, other (specify): Carl Brass, Executive Director
Vendor Council District:	Project Council District:

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. This contract is 100% funded by the RECLAIM Grant

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.
JC330100

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

Provide status of project.

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission
Reason: n/a

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/21/2025
Date documents were requested from vendor:	12/15/2025
Date of insurance approval from risk manager:	12/12/2025
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? No Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2026-26

Title	2025 – City of Strongsville – Revenue Generating Agreement
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5842	City of Strongsville	4/1/2025 – 3/31/2028	\$101,664.00	TBD	TBD

<p>Service/Item Description (include quantity if applicable).</p> <p>The revenue generating agreement will allow the City of Strongsville use of four (4) additional Motorola NG9-1-1 workstations at 17000 Prospect Road, Strongsville OH 44149. This agreement will reimburse the County for costs associated with maintaining these workstations on its emergency communications system contact with Motorola.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>N/A – Not a Purchase. This is a revenue generating agreement</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of?</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p> <p>Allow the City of Strongsville with four (4) additional Motorola NG9-1-1 workstations on the call-taking network.</p> <p>Receive reimbursement from the City of Strongsville for the support and maintenance fees associated with the Motorola NG 91-1-1 equipment, software, and licensing.</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)</p>	
Vendor Name and address:	Owner, executive director, other (specify):
Fire and Emergency Services 17000 Prospect Road, Strongsville OH 44149	Chief Tom O’Deens
Vendor Council District:	Project Council District:
District 5	District 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<p>COMPETITIVE PROCUREMENT</p> <p>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: _____</p>	<p>NON-COMPETITIVE PROCUREMENT</p> <p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
<p>The total value of the solicitation:</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) /</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>

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

Is Purchase/Services technology related <input 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. The revenue generated monies will be deposited in the Wireless fund.
Is funding for this included in the approved budget? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if "no" please explain): Revenue Generating Agreement
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A - Revenue Generating Agreement
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): N/A Revenue Generating

Provide status of project.
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission

Reason: The City of Strongsville did not return the contract until 12/10/2025	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/26/2025
Date documents were requested from vendor:	6/25/2025
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	6/26/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
The contract started On April 1st 2025. The City of Strongsville is currently in use off the 911 workstations	
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	2314	City of Strongsville	3/21/2022 – 3/10/2025	\$75,869.24	3/21/2025	BC2022-167

BC2026-27

Title	Lutheran Metropolitan Ministries to administer Adult Guardianship for senior and adults in Cuyahoga County
Department or Agency Name	Division of Senior and Adult Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4013	Lutheran Metropolitan Ministry	1/1/2024 - 12/31/2025	1,350,000.00	1/23/2026	R2024-0026
A-1	4013	Lutheran Metropolitan Ministry	1/1/2026 - 12/31/2026	675,000.00	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.

Lutheran Metropolitan Ministry will administer an adult guardianship program for seniors and adults with disabilities throughout Cuyahoga County. There is a change in scope that includes:

Guardianship Services will initiate a maximum total point-in-time caseload of 321.

3 referrals/month (36 in a year) for Adult Protective Services

The program will implement a quarterly review of cases to determine if stabilized cases should be resigned upon and make recommendations to the Cuyahoga County Probate Court.

This amendment extends the time period of the ongoing grant agreement from the effective date of January 1, 2024, to December 31st, 2026. This amendment changes the scope and budget of the project and adds additional funding of \$675,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide legal guardians to serve as concerned, caring advocates, and surrogate decision-makers for indigent people who are deemed incompetent by Cuyahoga County Probate Court

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):
Lutheran Metropolitan Ministries 4515 Superior Avenue Cleveland, OH 44103	Maria Foschia
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.

	<p>The contract has an option to extend the contract for two, one-year terms (January 1, 2026 – December 31, 2026, and January 1, 2027 – December 31, 2027).</p> <p>*See Justification for additional information.</p>
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) RQ 13370 <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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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

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.
 HS260275 / 56030 / UCH09570

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

Provide status of project.

Project is ongoing with the current term dates of 1/1/2025 – 12/31/2025.

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

Reason:
 The amendment was initiated in August 2025. Budget and scope discussions led to a delay in an approved terms for the contract.

Timeline

Project/Procurement Start Date (date your team started working on this item):	8/15/2025
Date documents were requested from vendor:	8/26/2025
Date of insurance approval from risk manager:	1/9/2026
Date Department of Law approved Contract:	1/9/2026

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) Contract is ongoing and this is an amendment to extend services to 12/31/2026.

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

HISTORY (see instructions): see chart above

BC2026-28

Title	Digital Media Advertising
Department or Agency Name	Division of Senior and Adult Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 5024	CMT Consulting, Ltd.	1/1/2025 – 12/31/2025	\$23,000.00	12/23/2024	BC2024-985
A-1	CM 5024	CMT Consulting, Ltd.	1/1/2026 – 12/31/2026	\$23,000.00	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 provider will create and execute digital display and video advertising with flights from January through December targeting women 35-75. Display Creative and Dashboard capabilities will be included.

The service will be provided from 1/1/2026– 12/31/2026.

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

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

Project Goals, Outcomes or Purpose (list 3):

Digital display and video advertising targeting women ages 35-75 years across various Cuyahoga County zip codes.
 Digital display advertising to be seen at a minimum of 115,000 times.
 Digital video advertising to be seen at a minimum of 85,000 times.

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

Vendor Name and address:	Owner, executive director, other (specify):
CMT Consulting, Ltd 18624 Detroit Ave Lakewood, OH 44107	Cristine Torek, President
Vendor Council District:	Project Council District:
2	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. The contract has an option to extend the contract for two, one-year terms (January 1, 2026 – December 31, 2026, and January 1, 2027 – December 31, 2027). The vendor has been evaluated as exceeding their performance goals.

	*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) IRFP
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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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.
Health and Human Services Levy – 100%

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.
HS260255 – 55130 - UCH09560

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

Provide status of project.	
Project is ongoing with the current term dates of 1/1/2025 – 12/31/2025.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The amendment was initiated in June 2025. New budget changes led to a delay in allocation of funds and put the amendment on hold.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6/13/2025
Date documents were requested from vendor:	7/7/2025
Date of insurance approval from risk manager:	1/2/2026
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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Contract is ongoing and this is an amendment to extend services to 12/31/2026.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Payments have not been made for 2026 activities	

HISTORY (see instructions): see chart above

C.- Exemptions

BC2026-29

TITLE	Alternative Procurement for Out of Home Care Placement Services	
DEPARTMENT OR	Department of Health and Human Services/ Division of Children and Family Services	
REQUESTED ACTION	<input type="checkbox"/> Alternative Procurement <input checked="" type="checkbox"/> Amendment to Alternative Procurement	
LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	12/12/2022 - Original	BC2022-767
	09/06/2023 – A1	BC2023-561
	01/29/2024 – A2	BC2024-77
	12/24/2024 – A3	BC2024-987
	5/12/2025 – A4	BC2025-324
	Pending – A5	
DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Health and Humans Services, on behalf of Children and Family Services, is submitting an Amendment to an Alternative Procurement Process. This is authorized for three-year period from competitive bidding for Out of Home Care placement services soliciting placement opportunities from vendors not currently	

	under the Master Agreement. Adding additional funding in the amount of \$250,000.00, for a total of \$2,000,000.00.
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	65% Health and Human Services Levy Funds and 35% Title IV

D. - Consent Agenda

BC2026-30

(See related items for proposed purchases for the week of 1/26/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

Item No. 1

TITLE	Cuyahoga County Law Library 2026 Refund Grant for \$2,229.59 from the Statewide Consortium of County Law Library Resources Boards
DEPARTMENT OR AGENCY NAME	Cuyahoga County Law Library

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 checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
	Cuyahoga County Law Library requesting approval of a Memorandum of Understanding with the Statewide Consortium of County Law Library Resources Boards in order to accept an awarded grant of a 25% reduction in Consortium dues in the amount of \$2,229.59	The refund covers the period from 1/1/26-12/31/26, and dues are due 2/15/26	\$2,229.59	2/5/2024	CON2024-17
AMENDMENT (A-1)	N/A				
AMENDMENT (A-)	N/A				
DESCRIPTION/ EXPLANATION OF THE GRANT:	The grant application is due 1/28/2026. This grant will offset the dues that the Cuyahoga County Law Library owes to the Ohio Consortium of County Law Library Resources Boards under ORC 3375.481 by 25% or the amount of \$2,229.59.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To defray the cost of the dues the Law Library owes to the Consortium.				
	To save the County law Library money.				
	To allow the County Law Library to benefits, including grants, from the Consortium.				

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:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Cuyahoga County Law Library Resources Board, Lakeside Courthouse, 1 West Lakeside Ave., Floor 4, Cleveland, OH 44113

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Statewide Consortium of County Law Library Resources Boards
	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 Amendment – FY2023 Urban Area Security Initiative (UASI)
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY23 Urban Area Security Initiative (UASI)	9/1/2023 – 12/31/2025	\$1,645,333.00	12/11/2023	CON2023-128
AMENDMENT (A-1)		9/1/2023 – 7/31/2026		Pending	

DESCRIPTION/ EXPLANATION OF THE GRANT:	Urban Area Security Initiative (UASI) grant provides funds for the Cleveland UASI to prepare for, prevent, mitigate, and recover from terrorist events. The grant supports first responder training/exercise, personnel, planning and equipment, as determined by the Cuyahoga County Emergency Services Advisory Board (CCESAB).
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	The primary goals of the project are 1) to support county preparedness of first responders to terrorist events through the purchase of equipment, and

	2) provide funding and support for training and exercises for first responders preparedness for terrorist events.
	This First Amendment extends only the performance period of the grant to 7/31/2026
	From the initial award end date of 12/31/2025.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT YES 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.
	FY23 Urban Area Security Initiative Grant Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

Item No. 3

TITLE	Health and Human Services-2025-2026- Western Reserve Area Agency on
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 (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).
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	<input 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)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Western Reserve Area Agency	09/01/2025-08/31/2026	\$24,377.67	Pending	Pending
AMENDMENT (A-1)					
DESCRIPTION/EXPLANATION OF THE GRANT:		DSAS will assist seniors with applying for Medicare savings plans and low-income subsidies to reduce their out-of-pocket expenses. The anticipated start-completion dates 09/01/2025-08/31/2026. SFY 2025-26 MIPPA Grant (Medicare Improvements for Patients and Providers Act			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		The primary goal of the project is to lower out-of-pocket Medicare expenses for seniors and adults with disabilities. Also, to assist Seniors with applying for Medicare savings plans, this project is not mandated.			

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Douglas Beach, Ph. D. Western Reserve Area Agency
SUBRECIPIENT'S COUNCIL DISTRICT:	County wide
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.
	Medical Improvements for Patients and Providers Act (MIPPA)
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

	<p>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.</p>
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Item No. 4

(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