



Cuyahoga County Board of Control Agenda
Monday, February 9, 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 – 2/2/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-40

Department of Public Works, submitting an amendment to Contract No. 4639 with S.A.W., Inc. for interior building services at the William Patrick Day Center, located at 2421 Community College Avenue, Cleveland for the period 7/1/2024 – 1/31/2026 to extend the time period to 1/31/2029, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$415,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-41

Department of Public Works, recommending an award on RQ16101 and enter into Contract No. 5885 with Karen S. Ganofsky, DVM (20-1) in the amount not-to-exceed \$643,000.00 for professional veterinarian services at the Cuyahoga County Animal Shelter for the period 1/1/2026 - 12/31/2028.

Funding Source: Animal Shelter Funds

BC2026-42

Fiscal Office, submitting an amendment to Contract No. 5416 (fka 1149) with Manatron, Inc. for the purchase of Marshall & Swift Rate Tables Data Licenses for the period 1/1/2021 – 12/31/2025 to extend the time period to 12/31/2026, to change the terms of the End User License Agreement and for additional funds in the amount not-to-exceed \$196,663.27, effective 1/1/2026.

Funding Source: Real Estate Assessment Fund

BC2026-43

Fiscal Office, recommending an award on RQ16025 and enter into Contract No. 5849 with Meeder Public Funds, Inc. (22-3) in the amount not-to-exceed \$320,000.00 for investment advisory services for the period 1/1/2026-12/31/2027.

Funding Source: General Fund

BC2026-44

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with Western Reserve Historical Society (via Contract No. 5912) in the amount not-to-exceed \$150,000.00 to provide funding in support of the development of The International Heritage Gallery to spur economic growth and tourism in Cuyahoga County effective upon signatures of all parties through 3/31/2027.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-45

Department of Information Technology on behalf of Department of Public Safety and Justice Services, recommending an award on Purchase Order No. 26000127 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$23,890.00 for a joint cooperative purchase of (10) HP ZBook Firefly mobile workstations, (20) monitors, various accessories, including HP Care Pack Premium Onsite Support – 4 Year – extended warranty and ABT resilience Gov service plan.

Funding Source: Wireless 911 Government Assistance Fund

BC2026-46

Department of Information Technology on behalf of the Public Defender's Office, recommending an award on Purchase Order No. 26000291 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$22,180.00 for a joint cooperative purchase of (10) each HP ZBook Firefly mobile workstations, docking stations, including HP Care Pack Premium Onsite Support – 5 Year – extended warranty and ABT resilience Gov service plan.

Funding Source: General Fund

BC2026-47

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to CivicPlus, LLC in the amount not-to-exceed \$113,080.27 for a cloud-based software tool to identify accessibility and quality assurance issues for the period 1/1/2026 – 12/31/2028 .

b) Recommending an award and enter into Contract No. 5821 with CivicPlus, LLC in the amount not-to-exceed \$113,080.27 for a cloud-based software tool to identify accessibility and quality assurance issues for the period 1/1/2026 – 12/31/2028 .

Funding Source: General Fund

BC2026-48

Department of Law, recommending an award and enter into Contract No. 5878 with Carpenter Lipps LLP (8-3) in the amount not-to-exceed \$85,000.00 for legal services in connection with the work conducted by Cuyahoga Green Energy under the Environmental Protection Agency's Climate Pollution Reduction Grant and the Department of Energy earmark for microgrid development for the period 10/9/2025 – 12/31/2026.

Funding Source: 50% U.S. Environmental Protection Agency Climate Pollution Reduction Grant Award and 50% U.S. Department of Energy Congressionally Directed Spending Earmark Grant

BC2026-49

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 2464 with Thrive Behavioral Health Center, Inc. for peer support services for participants of the Adult Drug Court Program for the period 6/1/2022 – 9/30/2025 to extend the time period to 9/30/2026 and for additional funds in the amount not-to-exceed \$22,724.25, effective 10/1/2025.

Funding Source: 80% U.S. Department of Justice, Bureau of Justice Assistance Grant and 20% match Targeted Community Alternatives to Prison Fund

BC2026-50

Public Defender's Office, submitting an amendment to Contract No. 5395 with JusticeText, Inc. for the purchase of (1) JusticeText Software Platform license for the period 5/14/2025 - 12/31/2025 to extend the time period to 12/31/2026, to expand the scope of services, to update the insurance requirements, and for additional funds in the amount not-to-exceed \$98,400.00, effective upon signatures of all parties.

Funding Source: General Fund 82% reimbursed by Office of the Ohio Public Defender

BC2026-51

Sheriff's Department, recommending to amend various Board of Control Approvals and Items of Note, which approved a User License Agreement with Permitium LLC (via Contract No. 3005 formerly 1985) for sole source services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit for the period 1/1/2022 – 12/31/2026 to add the amount of revenue received through 12/31/2025 in the total amount of \$296,394.00 and revenue anticipated through 12/31/2026 \$70,000.00, as follows:

Fiscal Year/Revenue Received

- a) BC2021-718 dated 12/6/2021 - 2022 \$90,939.00
- b) BC2023-37 dated 1/17/2023 - 2023 \$75,580.00
- c) Item No. 1 dated 11/13/2023 – 2024 \$59,642.00

- d) Item No. 4 dated 9/9/2024 -2025 \$70,233.00
- e) Item No. 5 dated 9/29/2025 – 2026 anticipated \$70,000.00

Funding Source: Revenue Generating

BC2026-52

Sheriff's Department, submitting an amendment to Contract No. 4215 with Intellitech, Corporation for maintenance and support on the Incarceration Management and Cost System (IMACS) for the period 4/1/2024 – 3/31/2026 to extend the time period to 3/31/2027 and for additional funds in the amount not-to-exceed \$75,000.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-53

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5891) with DMD Management, Inc. dba Legacy Health Services in the amount not-to-exceed \$43,383.00 to provide and employ a sufficient number of Cuyahoga Job and Family Service trained workers whose assigned caseloads will consist of Legacy Health Services patients applying for Medicaid or needing assistance with their Medicaid benefits for the period 2/1/2026-1/31/2027.

Funding Source: Revenue Generating

BC2026-54

Department of Health and Human Services/Division of Children and Family Services, submitting a Memorandum of Understanding/Cost Sharing Agreement (via Agreement No. 5889) with Cuyahoga County Board of Developmental Disabilities supporting the development of the child welfare campus, establishing referral obligations for eligible children for short-term emergency care services, and identifying reporting requirements to receive a funding allocation in the amount of \$500,000.00 for the period 7/1/2025 - 12/31/2026.

Funding Source: Revenue Generating

BC2026-55

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

a) Submitting an RFP exemption, which will result in award recommendations to various providers in the total amount not-to-exceed \$193,815.13 to implement and administer the FamilySpace program for the period 1/1/2026 – 12/31/2026:

- 1) Contract No. 5787 Cuyahoga County Public Library in the amount not-to-exceed \$97,807.56.
- 2) Contract No. 5788 Cleveland Public Library in the amount not-to-exceed \$96,007.57.

b) Recommending an award and enter into a Master Contract with various providers (as listed above) in the total amount not-to-exceed \$193,815.13 to implement and administer the FamilySpace program for the period 1/1/2026 – 12/31/2026.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2026-56

Department of Public Works, recommending an alternative procurement process, which will result in award recommendations to various municipalities in the total amount not-to-exceed \$4,022,000.00 for the 2026 Preventative Maintenance Program for the period 1/16/2026 – 9/30/2027:

- 1) City of Bay Village in the amount not-to-exceed \$143,500.00.
- 2) City of Beachwood in the amount not-to-exceed \$62,500.00.
- 3) City of Bedford in the amount not-to-exceed \$152,000.00.
- 4) City of Bedford Heights in the amount not-to-exceed \$103,500.00.
- 5) Village of Bentleyville in the amount not-to-exceed \$19,000.00.
- 6) City of Berea in the amount not-to-exceed \$67,000.00.
- 7) Village of Bratenahl in the amount not-to-exceed \$10,000.00.
- 8) City of Brecksville in the amount not-to-exceed \$20,000.00.
- 9) City of Broadview Heights in the amount not-to-exceed \$46,000.00.
- 10) City of Brook Park in the amount not-to-exceed \$62,500.00.
- 11) City of Brooklyn in the amount not-to-exceed \$111,500.00.
- 12) Village of Brooklyn Heights in the amount not-to-exceed \$17,500.00.
- 13) City of Cleveland in the amount not-to-exceed \$96,000.00.
- 14) City of Cleveland Heights in the amount not-to-exceed \$10,000.00.
- 15) City of East Cleveland in the amount not-to-exceed \$162,500.00.
- 16) City of Garfield Heights in the amount not-to-exceed \$200,000.00.
- 17) Village of Gates Mills in the amount not-to-exceed \$58,000.00.
- 18) Village of Glenwillow in the amount not-to-exceed \$53,000.00.
- 19) City of Highland Heights in the amount not-to-exceed \$77,500.00.
- 20) Village of Highland Hills in the amount not-to-exceed \$200,000.00.
- 21) Village of Hunting Valley in the amount not-to-exceed \$52,500.00.
- 22) City of Independence in the amount not-to-exceed \$60,500.00.
- 23) City of Lakewood in the amount not-to-exceed \$125,000.00.

- 24) Village of Linndale in the amount not-to-exceed \$10,000.00.
- 25) City of Lyndhurst in the amount not-to-exceed \$36,000.00.
- 26) City of Maple Heights in the amount not-to-exceed \$126,000.00.
- 27) City of Mayfield Heights in the amount not-to-exceed \$48,000.00.
- 28) Mayfield Village in the amount not-to-exceed \$47,500.00.
- 29) City of Middleburg Heights in the amount not-to-exceed \$115,000.00.
- 30) Village of Moreland Hills in the amount not-to-exceed \$48,000.00.
- 31) Village of Newburgh Heights in the amount not-to-exceed \$72,500.00.
- 32) City of North Olmsted in the amount not-to-exceed \$140,500.00.
- 33) Village of North Randall in the amount not-to-exceed \$54,000.00.
- 34) City of North Royalton in the amount not-to-exceed \$86,500.00.
- 35) Village of Oakwood in the amount not-to-exceed \$105,000.00.
- 36) City of Olmsted Falls in the amount not-to-exceed \$134,500.00.
- 37) Orange Village in the amount not-to-exceed \$114,000.00.
- 38) City of Parma in the amount not-to-exceed \$200,000.00.
- 39) City of Parma Heights in the amount not-to-exceed \$33,500.00.
- 40) City of Pepper Pike in the amount not-to-exceed \$143,500.00.
- 41) City of Richmond Heights in the amount not-to-exceed \$80,000.00.
- 42) City of Seven Hills in the amount not-to-exceed \$41,000.00.
- 43) City of South Euclid in the amount not-to-exceed \$101,500.00.
- 44) City of Strongsville in the amount not-to-exceed \$200,000.00.
- 45) City of University Heights in the amount not-to-exceed \$34,000.00.
- 46) Village of Walton Hills in the amount not-to-exceed \$56,500.00.
- 47) City of Westlake in the amount not-to-exceed \$54,500.00.
- 48) Village of Woodmere in the amount not-to-exceed \$30,000.00.

Funding Source: Road and Bridge Fund

BC2026-57

Fiscal Office, requesting approval of an exemption from aggregation of contracts pursuant to County Code 501.05(C), Cuyahoga County Board of Control, Contracting and Purchasing Ordinance No. O2012-0015,

Section 3.5.b. for support and maintenance services for various Manatron Systems for the period 1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the total amount not-to-exceed \$837,267.00:

- a) Contract No. 2411 in the amount not-to-exceed \$168,691.00 for CAMA SIGMA System.
- b) Contract No. 2424 in the amount not-to-exceed \$668,576.00 for the Visual Property Tax System.

Funding Source: Real Estate Assessment Fund

D. – Consent Agenda

BC2026-58

Department of Public Works, submitting an amendment to Contract No. 5102 with CATTs Construction, Inc. for resurfacing and associated pavement repair of 0.60 miles of Wilson Mills Road from Richmond Road to the Eastern Corporation Line in the City of Richmond Heights for a decrease in the amount of (\$83,220.60); 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: 75% Federal Funds, 20% Ohio Public Works Commission, 2.5% Municipality and 2.5% County Motor Vehicle \$5.00 License Tax Fund

BC2026-59

Fiscal Department, presenting proposed travel/membership requests for the week of 2/9/2026:

Dept:	Department of Public Works							
Event:	WEF/AWWA Utility Management Conference							
Source:	Water Environment Federation							
Location:	Charlotte, NC							
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Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Douglas Dietzel	3/24/2026- 3/27/2026	\$1,000.00	\$200.00	\$750.00	\$400.00	\$1,000.00	\$3,350.00	Sanitary Operating Fund
Keith Hansberry	3/24/2026- 3/27/2026	\$1,500.00	\$200.00	\$750.00	\$400.00	\$500.00	\$3,350.00	Sanitary Operating Fund

*Paid to host

**Staff reimbursement

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

Purpose:

The proposed trip is to attend the WEF/AWWA Utility Management Conference, a national professional conference for water and wastewater utility leaders. The conference focuses on education, training, and networking, offering technical sessions and workshops on key topics such as utility operations, leadership, financial planning, risk management, and workforce development. Attending is important because it provides up-to-date best practices, practical management strategies, and opportunities to connect with peers and industry experts, helping utilities improve performance and plan for future challenges.

BC2026-60

Department of Purchasing, presenting proposed purchases for the week of 2/9/2026:

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
26000329	Spay, Neuter and Transportation Services for the Cuyahoga County Animal Shelter	Department of Public Works	PetFix Northeast Ohio, Inc	Not-to-exceed \$12,000	Animal Shelter Operating Fund
26000400	Various lumber and supplies on an as needed basis, for road and bridge related maintenance and repairs	Department of Public Works	Cleveland Lumber Company	Not-to-exceed \$18,000	Road and Bridge Fund
26000308	(1) Fortinet FortiSwitch with various accessories; (1) FortinetCare 1-year premium support; (1) Fortinet QSFP+ Network Cable	Prosecutor's Office	WD BPI LLC dba Talix	\$12,044.00	U.S .Department of Justice, Office of Justice Programs/ FY2023 Internet Crimes Against Children Task Force Grant Fund

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-05

Court of Common Pleas/Juvenile Court Division submitting a grant award from Ohio Department of Mental Health and Addiction Services in the amount of \$50,000.00 for personnel costs, behavioral treatment for substance use and mental health disorders, drug/alcohol testing, medication assisted treatment and various recovery supports for the operation of the Drug Court Specialized Dockets for the period 7/1/2025 – 6/30/2026.

Funding Source: SFY2026 Ohio Department of Mental Health and Addiction Services

ION2026-06

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for Cuyahoga County Central Booking Technology and Equipment Enhancement Initiative, in connection with the FY2022 Byrne Discretionary Funding Grant Program for the period 3/15/2022 – 9/30/2025 to extend the time period to 09/30/2026; no additional funds.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance Grant

ION2026-07

Department of Public Safety & Justice Services, submitting an amendment to a grant award from The Cleveland Browns for the Camp HOPE Pathways programming in connection with the 2023 Healthy Relationships Microgrant – Browns Give Back program for the period 12/1/2023 – 12/31/2025 to extend the time period to 12/31/2026, no additional funds.

Funding Source: The Cleveland Browns

ION2026-08**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	5860	Jackson Lewis P.C.	For legal services in connection with ShareBase	Not-to-exceed \$5,000.00	Department of Law	10/10/2025-project completion	General Fund	(Executive) 1/27/2026 (Law) 11/10/2025
NA	5595	Cross Thread Solutions LLC	For document translation services	\$0.00	Court of Common Pleas/ Domestic Relations Court Division	8/1/2025 – 12/31/2025 to extend the time period to 2/28/2026	(Original) 75% Violence Against Women Act Grant and 25% General Fund	(Executive) 1/30/2026 (Law) 2/4/2026
4593	2435 (fka 2286)	Stella Maris, Inc	Renovations, purchase of property and the purchase of furnishings for addiction treatment facilities	\$0.00	Department of Public Safety and Justice Services	1/1/2022 – 12/31/2025 to extend the time period to 12/31/2026	(Original) Opioid Settlement Fund	(Executive) 1/30/2026 (Law) 2/3/2026
NA	5534 (fka 4815)	Qminder LTD	For the pilot program of a queuing system for visitors to Cuyahoga	\$1,352.62	Department of Health and Human Services/	9/30/2024 – 9/29/2026	(Original) 50% Health and Human Services Levy	(Executive) 1/30/2026 (Law) 2/2/2026

			Job and Family Services; and for additional funds in the amount not-to-exceed \$1,352.62		Cuyahoga Job and Family Services		and 50% Federal/State Funding	
NA	Amend Master Contract – Assign Contract No. 5877	Various providers	Adoption Services; to add Family on the Mend, LLC; no additional funds required	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2025-12/31/2026	(Original) State Child Protection Allocation	(Executive) 1/30/2026 (Law) 1/27/2026

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
R2025-0335, which amended Resolution No. R2024-0187 dated 6/4/2024	Reconstruction of Lee Road in the Cities of Cleveland and Shaker Heights in connection with the 2024-2027 Transportation Improvement Program- Council District 9	\$21,040,359.00	\$27,540,000.00	45% Federal (4TA7 funds) (\$12,419,486.00) 18% Ohio Public Works Commission (\$4,882,253.00) 16% Shaker Heights (\$4,440,797.00) 7% Federal (4TB7 funds) (\$1,998,560.00) 7% Federal (4HJ7 funds) (\$1,800,000.00) 4% County Road and Bridge Funds (\$1,148,904.00) 3% Federal (4TC7 funds) (\$850,000.00)	(Executive) 1/30/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes
Cuyahoga County Board of Control
Monday, February 2, 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 11:01 a.m.

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Laura Black, County Council (Alternate for Councilmember Michael Houser)
Joseph Nanni, County Council (Alternate for Councilmember Robert Schleper)

II. – REVIEW MINUTES – 1/27/2026

Michael Chambers motioned to approve the minutes from the January 27, 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

BC2026-31

Department of Public Works, recommending an award on RQ16283 and enter into Contract No. 5823 with RAM Construction Services of Cleveland, LLC (74-4) in the amount not-to-exceed \$382,916.70 for maintenance and repairs at the Huntington Park Garage, including concrete work, associated plumbing repairs, and markings for safety, parking space and directional indicators, effective upon signatures of all parties through project completion.

Funding Source: Parking Services Fund

Matthew Rymer, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-31 was approved by unanimous vote.

BC2026-32

Department of Public Works on behalf of the Veterans Service Commission,

- a) Submitting an RFP exemption, which will result in an award recommendation to Green Oz LLC in the amount not-to-exceed \$37,524.00 for lease of space located at 2302 Hamilton Avenue, Cleveland consisting of 6,665 square feet of storage on the first floor with loading dock access for use by the Veterans Service Commission for a period of 12 months, effective upon signature of all parties.
- b) Recommending an award and enter into Contract No. 5840 with Green Oz LLC in the amount not-to-exceed \$37,524.00 for lease of storage space located at 2302 Hamilton Avenue, Cleveland consisting of 6,665 square feet of storage on the first floor with loading dock access for use by the Veterans Service Commission for a period of 12 months, effective upon signature of all parties.

Funding Source: General Fund

John Myers, Department of Public Works, presented and Jon Reiss, Veterans Service Commission supplemented. Meredith Turner asked what happens after the conclusion of the year; asked will there still be a need; asked will there ever be an accommodation in the new building; asked why it was not included in the new space. Jon Reiss provided the following explanation: The purchase of the new headquarters began four years ago prior to undertaking the "VetConnect" through programmatic changes; post COVID needs and new programs initiated resulted in the need to obtain and maintain long term storage. We house for the VetConnect 30-40 pallets worth of winter clothing items to be handed out which takes up significant space. It would have been nice to have the storage in the new space. A capital plan is under development to look at a longer term solution than an ongoing lease. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-32 was approved by unanimous vote.

BC2026-33

Department of Public Works, recommending awards on RQ16236 and enter into contracts with various providers (17-5) in the total amount not-to-exceed \$350,000.00 for various services in connection with the Climate Pollution Reduction Grant Program effective upon signatures of all parties through project completion:

- a) Contract No. 5870 with Manufacturing Works for Manufacturing Engagement Services in the amount not-to-exceed \$150,000.00.
- b) Contract No. 5871 with Joel Ratner Community Partnership LLC for Community Engagement Services in the amount not-to-exceed \$200,000.00.

Funding Source: U.S. EPA Climate Pollution Reduction Grant

Matthew Hrubey, Department of Public Works, presented. Meredith Turner requested that Council members be informed when projects are going on in their districts. Elizabeth Lehman supplemented that Community Outreach would not only include County Council but City Council and other elected

officials. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-33 was approved by unanimous vote.

BC2026-34

Department of Information Technology, recommending an award on Purchase Order No. 26000128 to SHI International Corp. in the amount not-to-exceed \$61,788.20 for a joint cooperative purchase for renewal of software licenses, support and maintenance services on the Sitefinity Web Content and Case Management System for the period 5/1/2026 – 4/30/2027.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2026-34 was approved by unanimous vote.

BC2026-35

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to Medical Resource Group, Inc. dba MRG Exams in the amount not-to-exceed \$300,000.00 for independent medical, psychiatric, and psychological evaluation services for the period 1/1/2026 - 3/31/2029.
- b) Recommending an award and enter into Contract No. 5781 with Medical Resource Group, Inc. dba MRG Exams in the amount not-to-exceed \$300,000.00 for independent medical, psychiatric, and psychological evaluation services for the period 1/1/2026 - 3/31/2029.

Funding Source: Workers' Compensation Fund

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-35 was approved by unanimous vote.

BC2026-36

Sheriff Department, recommending an award on Purchase Order No. 26000320 to The MetroHealth System in the amount not-to-exceed \$525,000.00 for reimbursements of offsite medical services for inmates for the period 1/1/2026 – 12/31/2026.

Funding Source: General Fund

Tanisha Gates, Sheriff's Department, presented. Meredith Turner asked for examples of the off-site services being provided; asked is there a checklist or specific criteria used when determining whether inmates are referred for outside medical services versus services we're actually doing in the jail. The Presenter will follow up. Michael Chambers asked of Council Member Turner whether she wanted to hold this item. She was okay with it moving forward. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-36 was approved by unanimous vote.

BC2026-37

Department of Public Safety and Justice Services, on behalf of the Local Emergency Planning Committee, submitting a grant agreement with Ohio Department of Public Safety, Emergency Management Agency in the amount not-to-exceed \$63,000.00 for the FY2025 Hazardous Materials Emergency Preparedness Grant Program Year 1 for the period 10/1/2025 – 9/30/2026.

Funding Source: 80% Ohio Department of Public Safety, Emergency Management Agency passed through from U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration and 20% Local Match \$12,600.00 - Local Emergency Planning Committee Discretionary Fund and/or FY26 State Emergency Response Commission Grant Funds

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2026-37 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-38 through BC2026-39; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-38

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to a Master Contract with various providers for out-of-home placement and foster care services for the period 1/1/2022 – 3/31/2026, to change the name of a provider; no additional funds required, effective upon signatures of all parties.

- 1) Contract No. 5817 (fka Contract No. 4143) with ENA, Inc. dba Necco Center to change the name to Necco SE, LLC

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

BC2026-39

Department of Purchasing, presenting proposed purchases for the week of 2/2/2026:

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
26000048	(273,600) U.S. Flags for Veterans Service Commission	Department of Public Works	Bridge Associates LLC dba U.S. Flagmaker	Not-to-exceed \$186,048.00	General Fund

26000252	Various replacement auto parts	Department of Public Works	A&H Equipment Company	Not-to-exceed \$15,000.00	67% Sanitary Sewer Fund and 33% Road and Bridge Fund
26000265	Dog food for the County Animal Shelter	Department of Public Works	Medina Farmer's Exchange	Not-to-exceed \$50,000.00	Animal Shelter Operating Funds
26000318	Lift equipment rentals on an as-needed basis for various County buildings	Department of Public Works	Sunbelt Rentals, Inc	Not-to-exceed \$49,990.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000267	Factory Authorized – Accident repairs on 2016 Ford Explorer *	Department of Public Works	Montrose Ford, LLC	\$11,621.43	General Fund
26000098	Out-of-home care placement services for the period 12/1/2025-12/31/2025 **	Division of Children and Family Services	Compassion Care Group	\$58,650.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000163	Out-of-home care placement services for the period 12/1/2025-12/31/2025 **	Division of Children and Family Services	RTC Resource Acquisition Corporation	\$15,160.24	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000220	Out-of-home care placement services for the period 12/1/2025-12/31/2025 **	Division of Children and Family Services	Excel Beyond Limits	\$15,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000242	Out-of-home care placement services for the period 12/1/2025-12/31/2025 **	Division of Children and Family Services	Care One Home Health Care Services LLC	\$24,286.74	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000246	Out-of-home care placement services for the period 11/13/2025-12/12/2025 **	Division of Children and Family Services	Safely Home Inc	\$16,437.75	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000249	Out-of-home care placement services for the period 10/1/2025-10/31/2025 & 12/1/2025-12/31/2025 **	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$144,750.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

*Approval No. BC2025-805, dated 12/22/2025 which approved an alternative procurement process, which will result in award recommendations and issuance of purchase orders to Factory Authorized Dealers in the amount not-to-exceed \$1,000,000.00 for vehicle and equipment repairs, parts and services for the period 1/1/2026-12/31/2027.

**Approval No. BC2025-324, dated 5/12/2025, which amended BC2024-987 dated 12/23/2024, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 in the amount not-to-exceed \$1,500,000.00 by changing the amount not-to-exceed from \$1,500,000.00 to \$1,750,000.00

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-01

Court of Common Pleas/Corrections Planning Board, submitting a grant award from Ohio Department of Behavioral Health (fka Ohio Department of Mental Health and Addiction Services) in the amount of \$345,000.00 for salaries, related payroll expenses for Supervisors or Assessment Specialists assigned to any of the five Drug Court Specialized Dockets (Adult Drug Court, MAT, Human Trafficking, Veterans Treatment Court and HOPE Court) and client sober support in connection with the Specialized Docket Support – Payroll Subsidy Grant Program for the period 7/1/2025 – 6/30/2026, allocated as follows:

- a) Adult Drug Court Docket – \$75,000
- b) MAT Docket – \$65,000
- c) Human Trafficking – \$65,000.00
- d) Veterans Treatment Court Docket – \$65,000
- e) HOPE Court – \$75,000.00

Funding Source: Ohio Department of Behavioral Health

ION2026-02

Department of Health and Human Services/Office of the Director, submitting a grant award from Cleveland Foundation in the amount of \$250,000.00 to support the integration of AI technology into the SNAP benefits enrollment process to reduce error rates on benefits applications in connection with AI-assisted quality control project for the period 1/1/2026 - 12/31/2027.

Funding Source: Cleveland Foundation

ION2026-03

Department of Health and Human Services/Office of the Director, submitting a grant agreement with The George Gund Foundation in the amount of \$100,000.00 for AI platform and accompanying technical assistance to assist the County in reducing error rates on benefits applications in connection with the AI-assisted quality control project for the period 1/1/2026-12/31/2026.

Funding Source: The George Gund Foundation

ION2026-04

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	5525	Cleveland Metropolitan School District	Master Contract with various providers for the purchase and installation of solar arrays	\$0.00	Department of Public Works	10/22/2025-12/31/2025 to extend the time period to 12/31/2026	(Original) 62% U.S. Environmental Protection Agency-Environmental Justice Government-to-Government (EJG2G) Grant No. 00E03859 and 38% U.S. Department of Energy Efficiency and Conservation Block Grant (EECBG) No. DE-SE0000458	(Executive) 1/21/2026 (Law) 1/26/2026
NA	5527	Maple Heights School District	Master Contract with various providers for the purchase and installation of solar arrays	\$0.00	Department of Public Works	10/22/2025-12/31/2025 to extend the time period to 12/31/2026	(Original) 62% U.S. Environmental Protection Agency-Environmental Justice Government-to-Government (EJG2G) Grant No. 00E03859 and 38% U.S. Department of Energy Efficiency and Conservation Block Grant (EECBG) No. DE-SE0000458	(Executive) 1/21/2026 (Law) 1/26/2026

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 11:16 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-40

Title	Public Works - CM4639-Amendment #2-Custodial Services at William Patrick Day building-SAW, Inc.					
Department or Agency Name		Department of Public Works				
Requested Action		<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):				

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)	CM4639	SAW, Inc.,	07/01/2024- 01/31/2025	\$72,303.00	07/01/2024	BC2024-487
(A-1)	CM4639	SAW, Inc.,	02/01/2025- 01/31/2026	\$128,916.00	01/05/2025	BC2025-05
(A-2)	CM4639	SAW, Inc.,	02/01/2026- 01/31/2029	\$415,000.00	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 amendment will extend the contract end date through 01/31/2029 and will add an additional \$415,000.00 to an existing contract for the County. The contract with SAW, Inc. provides custodial services at the William Patrick Day Building.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): SAW Inc. currently provides custodial services for the William Patrick Day building. The County would like to support the continued presence of SAW Inc., which provides adults with developmental disabilities with the opportunity for work and training.

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):
SAW, Inc. dba Solutions at Work 14775 Broadway Ave. Maple Heights, Ohio 44137	Judith Carey, CEO
Vendor Council District: NA	Project Council District: NA
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 County is amending the current contract with S.A.W. for continued services at the WPD Building. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Exemption process <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval Date:

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

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

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

100% General 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.

PW750100 55220 UCFAC52080

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):	12.12.25
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Date documents were requested from vendor:	1.20.26
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Date of insurance approval from risk manager:	1.23.26
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Date Department of Law approved Contract:	1.21.26
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

BC2026-41

Title	Public Works – Animal Shelter - Karen Ganofsky, DVM – Veterinary Services - CM5885					
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	CM 5885	Karen Ganofsky, DVM	1/1/2026 – 12/31/2028	\$643,000.00	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. Public Works is requesting approval of a 3-year contract with Karen Ganofsky, DVM in the amount not-to-exceed \$643,000.00. This contract will support a vendor that provides veterinary services for canines at the County Animal Shelter.
Indicate whether: <input checked="" 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)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): This contract will support a vendor that provides the necessary treatment and care of canines at the County Animal Shelter on a regular basis.

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):
Karen Ganofsky, DVM 7310 West Cross Creek Trail Brecksville, OH 44141	Karen Ganofsky, DVM
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
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RQ# <u>16101</u> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" 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) 20 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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? Only bidder	<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.	
<input type="text"/> List date of TAC approval	<input type="text"/> Date:
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. Animal Shelter Funds / 100%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW280105 / 55040	

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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Contract and negotiations challenges with the vendor	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/19/24
Date documents were requested from vendor:	12/4/25
Date of insurance approval from risk manager:	12/3/25
Date Department of Law approved Contract:	12/9/2025
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)	
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	2857	Karen Ganofsky, DVM	12/1/2022 – 11/30/2025	\$550,000.00	12/6/2022	R2022-0424

BC2026-42

Title	Fiscal Department; Manatron, Inc; Marshall & Swift Rate Tables					
Department or Agency Name	Fiscal Department					
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	1149	Manatron, Inc	1/1/21-12/31/21	\$125,462.93	5/3/2021	BC2021-200
A-1	1149	Manatron, Inc	1/1/22-12/31/22	\$138,905.76	4/18/2022	BC2022-237

A-2	1149	Manatron, Inc	1/1/23-12/31/23	\$154,931.60	1/9/2023	BC2023-03
A-3	1149	Manatron, Inc	1/1/24-12/31/24	\$173,875.63	2/20/2024	BC2024-122
A-4	5416	Manatron, Inc	1/1/25-12/31/25	\$185,657.29	5/27/2025	BC2025-340
A-5	5416	Manatron, Inc	1/1/26-12/31/26	\$196,663.27	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 amendment with Manatron, Inc. for access to the Marshall & Swift Rate tables used for valuation assessments.

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):

Calculate replacement cost

Calculate depreciation values of property

Provide property valuations

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):
Manatron Inc. 2429 Military Rd ste 300 Niagara Falls, NY 14304	Jillian Alcott VP Customer Operations
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 (). <input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Contract Amendment - (list original procurement SOLC) <input type="checkbox"/> Other Procurement Method, please describe:
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement SOLC) <input type="checkbox"/> Other Procurement Method, please describe:

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

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? <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.	
FS305100	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: Contract Negotiations	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/13/2025
Date documents were requested from vendor:	11/13/2025
Date of insurance approval from risk manager:	12/15/25
Date Department of Law approved Contract:	1/23/26
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) Vendor has not stopped service	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2026-43

Title	Fiscal Department; Meeder Public Funds Inc; Investment Advisor					
Department or Agency Name		Fiscal Department				
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	5849	Meeder Public Funds Inc	1/1/26- 12/31/27	\$320,000.00	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.
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This is an agreement with Meeder Public Funds Inc for Investment Advisory Services. Meeder Public Funds, Inc. will assist the County in achieving its investment and portfolio management objectives. These include safety of investments, maintenance of adequate liquidity, maximizing yield consistent with safety, managing risk, and

coordinating cash management functions with the Investment Advisory Committee and other County departments and agencies.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): -Safety of Investments -Maintenance of Adequate Liquidity -Maximizing yield consistent with safety

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):
Meeder Public Funds, Inc. 6125 Memorial Drive Dublin, OH 43017	Jason Headings Sr Vice 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# _16025 _____ <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: \$400,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 22 / 3	<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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	
100% General 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.	
FS100130	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Staffing Issues	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	Bid issued 4/11/2025
Date documents were requested from vendor:	8/14/2025
Date of insurance approval from risk manager:	8/28/2025
Date Department of Law approved Contract:	12/31/25

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):

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	CE1700022	Meeder Public Funds, Inc	1/1/2017-12/31/2018	\$85,000.00	1/30/2017	BC2017-74
A-1	CE1700022	Meeder Public Funds, Inc	1/1/2019-12/31/2020	\$270,000.00	2/4/2019	BC2019-88
A-2	CM386	Meeder Public Funds, Inc	1/1/2021-12/31/2022	\$280,000.00	3/15/2021	BC2021-110
A-3	CM386	Meeder Public Funds, Inc	1/1/2023-12/31/2024	\$300,000.00	11/28/2022	BC2022-724
A-4	CM386	Meeder Public Funds, Inc	1/1/2025-12/31/2025	\$160,000.00	10/15/2024	BC2024-734

BC2026-44

Title	Fiscal Department on behalf of the Executive Office; Western Reserve Historical Society; International Heritage Gallery		
Department or Agency Name	Fiscal Department on behalf of the Executive Office		
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	5912	Western Reserve Historical Society	Effective upon signature-3/31/2027	\$150,000.00	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 Executive Office is requesting approval to award a grant to Western Reserve Historical Society. This grant will help with the International Heritage Gallery. This gallery will explore the history and culture of immigrants, migrants, and newcomers to Northeast Ohio.

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):

Design and production of the International Heritage Gallery

Research and writing Dynamic stories

Artifact collections

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):
Western Reserve Historical Society 10825 East Boulevard Cleveland, Ohio 44106	Kelly Falcone-Hall President & 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# _____ <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. Grant Award *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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services	
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. FS100500	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

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

HISTORY (see instructions):

BC2026-45

Title	PO26000127JCOP-2026- Procurement of Complete workstations for Public Safety and Justice Services	
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.
	PO26000127 JCOP	MNJ Technologies Direct, Inc.	2026	\$23,890.00	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.
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The Department of Information Technology plans to contract with MNJ Technologies Direct for the procurement of 10 laptops, 10 docking stations, 10 carrying cases, 10 keyboards and mice, and twenty monitors in the amount of \$23,890.00, for Public Safety and Justice Services Department.

Indicate whether: <input checked="" 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)

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement	
Age of items being replaced: _____	How will replaced items be disposed of _____

Project Goals, Outcomes or Purpose (list 3):
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To procure complete workstations for Public Safety and Justice Services

<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.</p>	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct INC 1025 Busch Parkway, Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase.</p> <p>NCPA-01-148 Expires on 11.30.2026</p> <p>The equipment pricing is regularly reviewed by the State of Ohio's Department of Administrative Services. When pricing is determined to be out of line with similar equipment, vendors are required to adjust their pricing.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p> <p>NCPA-01-148 Expires on 11.30.2026</p>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
<input type="checkbox"/> List date of TAC approval	Date: 1/16/2025
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	
100% Wireless 911 Government Assistance 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 checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

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

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

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

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

HISTORY (see instructions):

BC2026-46

Title	PO26000291JCOP -2026- Procurement of Workstations, docks and warranties for the Public Defender's Office					
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.
	PO26000291 JCOP	MNJ Technologies Direct, Inc.	2026	\$22,180.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct for the procurement of 10 laptops, 10 docking stations and 5-year warranties in the amount of \$22,180.00 on behalf of the Public Defender's office.

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

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

Project Goals, Outcomes or Purpose (list 3):

Procurement of 10 laptops, 10 docking stations and 5-year warranties in the amount of \$22,180.00 on behalf of the Public Defender's office.

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

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>MNJ Technologies Direct is able to provide Cuyahoga County with Contract Pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase.</p> <p>NCPA-01-148 Expires on 11.30.2026</p> <p>The equipment pricing is regularly reviewed by the State of Ohio's Department of Administrative Services. When pricing is determined to be out of line with similar equipment, vendors are required to adjust their pricing.</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 checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date <p>NCPA-01-148 Expires on 11.30.2026</p>
<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.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<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:
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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

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.

PD100100

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):

BC2026-47

Title	Monsido Accessibility and Quality Assurance Software					
Department or Agency Name	Department of Information Technology					
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.
Original	CM5821	CivicPlus, LLC.	01/01/2026 – 12/31/2028	113,080.27	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 CivicPlus, LLC., for the Three Years for Monsido Accessibility and Quality Assurance Software in the amount of \$113,080.27.

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):

Monsido software provides website code testing services for quality assurance and to identify accessibility and website compliance on the County's public-facing websites. Two scans are performed weekly which provide the County with metrics for assessing website accessibility and to stay in compliance with WCG (Website Compliance and Governance) services.

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

Vendor Name and address:	Owner, executive director, other (specify):
CivicPlus, LLC. 302 South 4 th Street, Suite 500 Manhattan, KS 66502	Hope Padilla Account Executive
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>The initial procurement method for this project was Informal RFP #48807. The 1st amendment was approved 12/6/2021 BC2021-704. The 2nd amendment to continued service for 3 years through 12/31/2025 and was approved under BC2022-729. Monsido was acquired by another company and CivicPlus is the approved reseller of Monsido accessibility software.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<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>
<p>Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, please explain:</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
How did pricing compare among bids received?	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

Is Purchase/Services technology related <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
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List date of TAC approval	Date: IT Standard
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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 IT100110

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

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

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

Provide status of project.

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

Reason: Contract negotiations between County Law and the vendor were not finalized until late December. Civic Plus registered with the IG in December and submitted the ICF past the BOC scheduling deadline.

Timeline

Project/Procurement Start Date (date your team started working on this item):	04/22/2025
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Date documents were requested from vendor:	04/22/2025
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Date of insurance approval from risk manager:	12/10/2025
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Date Department of Law approved Contract:	12/11/2025
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? No Yes (if yes, please explain) Vendor has not restricted access.

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
Original	CM146	Monsido, LLC	12/07/2020 – 12/06/2021	\$27,900.00	12/07/2020	BC2020-644
1 st Amendment	CM853	Monsido, LLC	12/07/2021 – 12/06/2022	\$27,900.00	12/06/2021	BC2021-704
2 nd Amendment	CM853	Monsido, LLC	12/07/2022 – 12/31/2025	\$86,211.00	11/28/2022	BC2022-729

BC2026-48

Title	Microgrid and Solar Development Contract and Legal Services					
Department or Agency Name	Department of Law					
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5878	Carpenter Lipps	10/9/2025 – 12/31/2026	\$85,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. The Department of Law, in collaboration with the Department of Public Works, plans to contract with Carpenter Lipps LLP for the period 10/9/2025 to 12/31/2026 to assist, advise, consult, and represent Cuyahoga County in contract negotiations and/or before state or federal regulatory agencies, legislative bodies, and/or courts of competent jurisdiction in support of the work by Cuyahoga Green Energy (CGE) under the EPA's Climate Pollution Reduction Grant and the Department of Energy earmark for microgrid development.						
Indicate whether: <input checked="" 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)						
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of						
Project Goals, Outcomes or Purpose (list 3): To acquire legal support to assist Cuyahoga Green Energy in drafting a variety of agreements related to the generation, transmission, and distribution of renewable energy.						

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: Carpenter Lipps 280 North High Street Columbus, OH 43215		Owner, executive director, other (specify): Kimberly Boyko Partner
Vendor Council District:		Project Council District:
N/A		N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.		

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# <u>N/A</u></p> <p><input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input checked="" type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date:</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation: N/A	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
<p>Participation/Goals (%): (0) DBE (0) SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
<p>Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
<p>How did pricing compare among bids received?</p> <p>Hourly rates provided by respondents ranged from \$285 to \$895.</p>	<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.	
<input type="text"/> List date of TAC approval <input type="text"/> Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
50% U.S. Environmental Protection Agency Climate Pollution Reduction Grant Award No. 00E03865

50% U.S. Department of Energy Congressionally Directed Spending Earmark No. DE-GD0000866
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. PW720200
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Final vendor documents not returned to Cuyahoga County until 12/15/2025.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/19/2025
Date documents were requested from vendor:	10/9/2025
Date of insurance approval from risk manager:	1/22/2026 – Waiver
Date Department of Law approved Contract:	1/22/2026
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) A time sensitivity exists around the work Carpenter Lipps is performing for Cuyahoga County due to ongoing federal funding volatility.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-49

Title	Thrive Behavioral Health Center, Inc – Peer Support Services		
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	2464	Thrive Behavioral Health Center, Inc	06/1/2022- 09/30/2025	\$ 446,688.00	08/29/2022	BC2022-519

First Amendment	2464	Thrive Behavioral Health Center, Inc	10/01/2025-9/30/2026	\$ 22,724.25		
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Service/Item Description (include quantity if applicable).						
<p>The Court will continue contracting with Thrive Behavioral Health Center, Inc. (Thrive) to provide non-therapeutic Peer Supporters for each of its adult drug courts—MAT, Traditional Drug Court, and Recovery Court—and to support the Veterans Treatment Court (VTC) by supplementing its Mentor Program.</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>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p> <p><u>Age of items being replaced:</u> How will replaced items be disposed of?</p>						
Project Goals, Outcomes or Purpose (list 3):						
<p>Thrive Peer Supporters provide mentoring services to clients—whether previously incarcerated or not—through interdisciplinary team care and legal system advocacy, both inside and outside the court setting.</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: Thrive Behavioral Health Center, Inc 29201 Aurora Rd. Suite #400, Solon, Ohio 44139	Owner, executive director, other (specify): Brian Baily CEO
Vendor Council District: All	Project Council District: All
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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. 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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain.	
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input 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.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
This project funded 80% by a Bureau of Justice Assistance Grant (U.S. Department of Justice) and 20% by matching Targeted Community Alternatives to Prison (T-CAP) 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. CL285180
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. Services are ongoing since the contract has not expired.	
Is contract/purchase late <input checked="" type="checkbox"/> No Yes, In the fields below provide reason for late and timeline of late submission Reason: The contract amendment did not route correctly in Infor at first and had to be re-routed. The item was routed to OBM for certification but did not route through Purchasing for amendment processing. When this was realized, the department worked with IT to get it routed to Purchasing for agenda placement.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	6.5.2025
Date documents were requested from vendor:	8.14.2025

Date of insurance approval from risk manager:	9.5.2025
Date Department of Law approved Contract:	8.2.2025
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 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

BC2026-50

Title	JusticeText-CM#5395					
Department or Agency Name		Cuyahoga County Public Defender				
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	5395	JusticeText	05/14/2025- 12/31/2025	\$50,000	5/13/25	BC2025-319
First Amendment	5395	JusticeText	01/01/2026- 12/31/2026	\$98,400	Pending	Pending

Service/Item Description (include quantity if applicable). Cuyahoga County Public Defenders, submitting an amendment to Contract No. 5395 with JusticeText, for a license to use the JusticeText platform, which now allows an additional 45 to 100 attorneys access to the services. Time period 1/1/25-12/31/25 to extend the time period to 12/31/2026 and for additional funds not to exceed amount of \$148,400	
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of?	
Project Goals, Outcomes or Purpose (list 3): Allow 45-100 attorneys and paralegals full access to JusticeText and the ability to upload up to 240 hrs/yr of audio and video per person. JusticeText generates automated transcripts that synthesize hours of footage and saves time for attorneys and paralegals.	

JusticeText is specifically designed for public defender offices around the country

<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):
JusticeText, Inc 5 Ravenna Irvine, CA 92614	Devshi Mehrotra, CEO
Vendor Council District:	Project Council District:
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)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><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>Contract amendment</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>
<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.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>		<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:</p>		<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p>		<p><input checked="" type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

Is Purchase/Services technology related <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 01/16/2025
Is the item ERP related? <input type="checkbox"/> No <input checked="" 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.	
PD100100-Public Defender General Fund, reimbursable 82% from the Ohio Public Defender	
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. 70000	
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. Cuyahoga County Public Defenders has started using the software for the original contract, but waiting for approval for the amendment portion	
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: JusticeText was required to update their insurance with the law department due to the increase in the county insurance requirements.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	5/14/2025
Date documents were requested from vendor:	12/10/2025
Date of insurance approval from risk manager:	12/10/2025
Date Department of Law approved Contract:	12/17/2025
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)	Original Contract
Have payments been made? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Original Contract	

HISTORY (see instructions):

BC2026-51

TITLE	CM 3005, Permitium, CCW online Weapons Application, Amend Various Board Approvals and Revenue Received/Anticipated.
DEPARTMENT OR AGENCY NAME	Sheriff
REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe

DESCRIPTION/ EXPLANATION OF REQUEST:	Sheriff's Department, recommending to amend various Board of Control Approvals and Items of Note, which approved a User License Agreement with Permitium LLC (via Contract No. 3005 formerly 1985) for sole source services for the configuration and implementation of an online weapons permit application platform for the Concealed Weapons Licensing Unit for the period 1/1/2022 – 12/31/2026 to add the amount of revenue received through 12/31/2025 in the total amount of \$296,394.00 and revenue anticipated through 12/31/2026 \$70,000.00, as follows: <u>Fiscal Year/Revenue Received</u> a) BC2021-718 dated 12/6/2021 - 2022 \$90,939.00 b) BC2023-37 dated 1/17/2023 - 2023 \$75,580.00 c) Item No. 1 dated 11/13/2023 – 2024 \$59,642.00 d) Item No. 4 dated 9/9/2024 -2025 \$70,233.00 e) Item No. 5 dated 9/29/2025 – 2026 anticipated \$70,000.00
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	12/6/2021	BC2021-718
AMENDMENT (A) A1	1/17/2023	BC2023-37
AMENDMENT (A) A2	11/13/2023	Item of Note (non-voted) Item No. 1
AMENDMENT (A) A3	9/9/2024	Item of Note (non-voted) Item No. 4
AMENDMENT (A) A4	9/29/2025	Item of Note (non-voted) Item No. 5

BC2026-52

Title	INTELLITECH- MAINTENANCE AND SUPPORT	
Department or Agency Name	SHERIFF'S	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4215	INTELLITECH	4/1/24- 3/31/26	\$150,000	2/26/24	BC2024-158
A-1	4215	INTELLITECH	4/1/24- 3/31/27	\$75,000	CURRENT ITEM	

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

Intellitech Corporation will continue to provide licensing for the Cuyahoga Environment and support for the older version of IMACS.
Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): The primary goal of this project is to maintain the current Jail Management system (IMACS) by renewing support.

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):
Intellitech Corporation 8544 Hickory Hill Dr. Poland, OH. 44514	John J. Jacobs, 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# _____ <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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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 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. SH100140-52600	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason: N/A	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/30/25
Date documents were requested from vendor:	12/30/25
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: N/A

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

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

HISTORY (see instructions):

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	22001367	INTELLITECH	3/21/22-12/31/23	\$266,250	3/21/22	BC2022-172

BC2026-53

Title	2026 Revenue Generating Agreement – Legacy Health Services					
Department or Agency Name	Cuyahoga County Job and Family 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	5891	DMD Management Inc., dba Legacy Health Services	2/1/2026-1/31/2027	\$43,383.00	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 Cuyahoga Job and Family Services plans to contract with DMD Management, Inc., DBA Legacy Health Services for CJFS trained workers to determine Medicaid benefit eligibility for Legacy Health Services residents applying for Medicaid.

This Revenue Generating agreement will be \$43,383.00 for the time period of 2/1/2026-1/31/2027.

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

For purchases of furniture, computers, vehicles: Additional Replacement

Age of items being replaced:	How will replaced items be disposed of	N/A
Project Goals, Outcomes or Purpose (list 3): Legacy Health Services staff will assist residents applying for Medicaid benefits.		
CJFS Caseworker(s) are responsible for determining income eligibility for Legacy Health Services Medicaid applicants.		

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):
Legacy Health Services 12380 Plaza Dr. Parma, OH 44130	Jacob Homolya, General Counsel
Vendor Council District:	Project Council District:
District 4	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. A revenue generating agreement is being requested because Legacy Health Services is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can determine eligibility for Medicaid applications. *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.	
<input type="checkbox"/> List date of TAC approval	Date: _____
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. The project is a revenue-generating agreement where Legacy Health Services will pay CJFS for this program.	
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. No accounting units are used because this is revenue generating.	
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project. New 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 contract is being submitted late due to the delays of getting the contract and personnel costs reviewed by law, then the vendor, which caused more edits to the contract.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/5/2025
Date documents were requested from vendor:	12/9/2025; Documents received 12/16/2025; additional documents requested and received on 1/7/2026
Date of insurance approval from risk manager:	N/A – No insurance approval for this agreement
Date Department of Law approved Contract:	1/21/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

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

HISTORY (see instructions):

BC2026-54

Title	HHS Children and Family Services and Cuyahoga County Board of Developmental Disabilities for the Child Welfare Campus					
Department or Agency Name	Cuyahoga County Children and Family 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	5889	Cuyahoga County Board of Developmental Disabilities	7/1/2025- 12/31/2026	\$500,000.00	Pending	Pending

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

The vendor will contribute funds to be used for the development of the child welfare campus and to establish referral obligations and reporting requirements for the time period of 7/1/2025-12/31/2026.

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):

To provide shelter, accommodations, and general welfare services for youth for short-term emergency childcare services.

To allow Cuyahoga DD to contribute funds to the County to be used for the development of the child welfare campus.

To establish referral obligations and reporting requirements from the County to Cuyahoga DD.

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):
Cuyahoga County Board of Developmental Disabilities 1275 Lakeside Avenue, East Cleveland, Ohio 44114	Dr. Amber Gibbs, Superintendent and CEO
Vendor Council District:	Project Council District:
07	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. A revenue generating agreement is being requested to secure childcare services through the development of a child welfare campus where Cuyahoga DD agrees to contribute \$500,000.00 to be used. *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:
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Is Purchase/Services technology related No Yes If yes, list date of TAC approval and answer the questions below.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
The project is a revenue-generating agreement where CCBDD will pay CJFS for this program.
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.
N/A REVENUE GENERATING
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. This is a new 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: HHS Director and Board of DD Superintendent negotiated the details of the MOU which took some time to complete.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	1/7/2026
Date documents were requested from vendor:	1/8/2026
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	1/20/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: n/a	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-55

Title	Cuyahoga County Office of Early Childhood – Invest in Children; Master Agreement 1/1/2026 – 12/31/2026; Cuyahoga County Public Library and Cleveland Public Library; FamilySpace Program					
Department or Agency Name	Cuyahoga County Office of Early Childhood – Invest in Children					
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	Various	Various	1/1/2026 – 12/31/2026	\$193,815.13	Pending	Pending
	5787	Cuyahoga County Public Library		\$97,807.56		
	5788	Cleveland Public Library		\$96,007.57		

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.

FamilySpace is a preventative placed-based strategy for Cuyahoga County families with young children ages 0-5 that serves as neighborhood hubs of programming. Cuyahoga County Office of Early Childhood – Invest in Children, is requesting a 1-year contract with Cuyahoga County Public Library and Cleveland Public Library for their Family Space program effective 1/1/2026 – 12/31/2026 not to exceed the amount of \$193,815.13.

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 N/A

Project Goals, Outcomes or Purpose (list 3):

Create an accessible and safe space for families to access services.

Strengthen families through engagement and education on early childhood development.

Offer unique programming based on community requirements through neighborhood-based Family Advisory Committees.

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):
Cuyahoga County Public Library 2111 Snow Road Parma, Ohio 44134	Jamar Rahming, CEO
Vendor Council District:	Project Council District:
4	4
If applicable provide the full address or list the municipality(ies) impacted by the project.	
Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Public Library 325 Euclid Avenue E. Cleveland, OH 44114	Felton Thomas, Jr., Executive Director
Vendor Council District:	Project Council District:
7	7
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 two library systems received technical training during the pilot stage of the program and are uniquely positioned in the community to effectively implement FamilySpace programming. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.	
Health and Human Services Levy – 100%	
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):	
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260240/55130/UCH09999	
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):	

Provide status of project.	
The two library systems received technical training during the pilot stage of the program and are uniquely positioned in the community to effectively implement FamilySpace 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: Multiple factors impacted the timely submission of this contract. Procurement was delayed until the 2026 budget amounts were approved 11/18/2025. This is a Master contract between Cuyahoga County Public Library	

and Cleveland Public Library, and they must be submitted at the same time. We had to wait for Cleveland Public Library to get approval of the contract from their Board and the review didn't occur until 12/18/2025. This additional required information from CPL, was received 12/19/2025. Other required documents and Law approval was received on 12/31/2025. These events led to delayed contracting process.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/18/2025
Date documents were requested from vendor:	11/20/2025
Date of insurance approval from risk manager:	11/25/2025(CCPL); 12/15/2025 (CPL)
Date Department of Law approved Contract:	12/31/2025
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) Reoccurring service/Purchase	
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	5001	Cuyahoga County Public Library	1/1/2025 – 12/31/2025	\$145,340.50	BC2024-986	58166220
	5002	Cleveland Public Library	1/1/2025 – 12/31/2025	\$143,715.40	BC2024-986	58166220

C.- Exemptions

BC2026-56

TITLE	Requesting Alternative Procurement for the 2026 Preventative Maintenance Funding Program for the Awarded Municipalities	
DEPARTMENT OR AGENCY NAME	Department of Public Works	

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement	
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	2/18/2025	BC2025-112

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>Public Works Department requesting to utilize an alternative procurement procedure in order to make payments for the 2026 Preventative Maintenance Program to the awarded Municipalities. This funding program financially assists the 57 Municipalities through awarding monies for material costs associated with preventative/routine maintenance work items on County Roads. The process was as follows:</p> <ul style="list-style-type: none"> • Solicitation letters along with application were sent end of September 2025 • Applications were due end of October 2025 • Selection was made end of December 2025 • Award Letters were released mid-January 2026 <p>The total award amount for the 2026 program is \$4,022,000.00 for the period 1/16/2026 – 9/30/2027.</p> <p>See the attached table for the breakdown of the municipal award amounts for material costs.</p> <p>Note that the following municipalities did not apply for this year's program: Chagrin Falls, Cuyahoga Heights, Euclid, Fairview Park, Rocky River, Shaker Heights, Solon, Valley View, and Warrensville Heights</p>	
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FUNDING SOURCE:	<p>Is funding for this included in the approved budget?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "no" please explain):</p> <p>Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.</p> <p>Road & Bridge Funds – 100%</p>
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BC2026-57

TITLE	Manatron Inc.; MVP Tax System and CAMA Sigma
DEPARTMENT OR AGENCY NAME	Fiscal
REQUESTED ACTION	<p><input type="checkbox"/> Amendment to Approval (BOC or Council)</p> <p><input checked="" type="checkbox"/> Other action; please describe</p>

DESCRIPTION/ EXPLANATION OF REQUEST:	Fiscal Department is requesting approval of an Exemption from Aggregation for the MVP and CAMA System. We are doing amendments to get the 2026 annual maintenance approved for both systems. We would like the exemption because we are also in the process of creating a new agreement to modernize the system and combine them into one which will be introduced to Council in the upcoming weeks.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	5/10/2022	R2022-0118
AMENDMENT (A)	10/11/2022	R2022-0326
A-2	2/27/2024	R2024-0071

A-3	Pending	Pending
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D. - Consent Agenda

BC2026-58

Title	Wilson Mills Road Resurfacing Amendment #1 (Final)	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5102	CATTS Construction, Inc.	N/A	\$1,163,640.65	February 22 nd , 2025	R2025-0075
A-1	5102	CATTS Construction, Inc.	N/A	(\$83,220.60)	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 Project consists of resurfacing and associated pavement repair of 0.60 miles of Wilson Mills Road from Richmond Road to Eastern Corporation Line in the City of Richmond Heights, Ohio.

This is the first and final amendment for the project. It is decreasing the project by a total of \$83,220.60. This amendment contains numerous increases and decreases of bid items that were required to meet the scope of the project. There were 8 new items added.

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 Project consists of resurfacing and associated pavement repair of 0.60 miles of Wilson Mills Road from Richmond Road (SR-175) to the Eastern Corporation Line in the City of Richmond Heights. Work tasks include the installation of new asphalt intermediate and surface courses, full depth pavement repairs, curb, sidewalk, and drive apron repairs (as required), utility casting adjustments, ADA upgrades and new pavement markings for the length of the corridor.

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):
CATTS Construction, Inc. 21223 Aurora Road Warrensville Heights, Ohio 44146	Mike Dempsey - President
Vendor Council District: District 9	Project Council District: District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Richmond Heights, Ohio

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15387</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$1,163,640.65	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 6	<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 (%): (7) DBE () 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? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval Date:

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

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

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

75% Federal

20% Ohio Public Works Commission

2.5% Municipality

2.5% County Motor Vehicle \$5.00 License Tax 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.

PW605100

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

Provide status of project.

Project is roughly 85% complete. This amendment will begin the final closeout of the 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):	12/16/2025
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Date documents were requested from vendor:	1/7/2026
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Date of insurance approval from risk manager:	1/20/2026
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

BC2026-59

(See related items for proposed travel/memberships for the week of 2/9/2026 in Section D above).

BC2026-60

(See related items for proposed purchases for the week of 2/9/2026 in Section D above).

V – OTHER BUSINESS**Item of Note (non-voted)****ION2026-05**

TITLE	SPECIALIZED DOCKETS SUBSIDY ALLOCATION
DEPARTMENT OR AGENCY NAME	COURT OF COMMON PLEAS – JUVENILE COURT DIVISION

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 <input type="checkbox"/> Grant Application <ul style="list-style-type: none"> ➤ 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 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
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL	APPROVAL NO.
ORIGINAL (O)	OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	7/1/2024 – 6/30/2025	\$80,000.00	3/31/2025	CON2025-26
ORIGINAL (O)	OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	7/1/2025 – 6/30/2026	\$50,000.00	PENDING	PENDING

DESCRIPTION/EXPLANATION OF THE GRANT:	This grant provides funding for various services and incentives, such as treatment services, drug testing and recovery supports, for the participants of Family Drug Recovery Court.
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PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Assist participants in finding and attending the recovery services needed
	Assist participants with other needed resources while managing their recovery
	To ensure participants have a positive start to a successful recovery and reunification

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source for receipt of this grant.
	OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

ION2026-06

TITLE	PSJS; FY22 Byrne Discretionary Grant for Cuyahoga County Central Booking Technology & Equipment Enhancement Award No. 15PBJA-22-GG-00160-BRND; No-Cost Grant Extension through September 30, 2026
DEPARTMENT OR AGENCY NAME	Public Safety & Justice 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). <ul style="list-style-type: none"> ➤ 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	APPROVAL NO.

				(PLEASE PROVIDE BOC MEETING DATE)	
ORIGINAL (O)	FY22 Byrne Discretionary Grant for Cuyahoga County Central Booking Technology and Equipment Enhancement	3/15/2022 - 9/30/2024	\$500,000.00	09/12/2022	CON2022-71
AMENDMENT (A-1)	FY22 Byrne Discretionary Grant for Cuyahoga County Central Booking Technology and Equipment Enhancement	3/15/2022- 9/30/2025	\$0.00	11/4/2024	Item of Note
AMENDMENT (A-)	FY22 Byrne Discretionary Grant for Cuyahoga County Central Booking Technology and Equipment Enhancement	3/15/2022- 9/30/2026	\$0.00		

DESCRIPTION/ EXPLANATION OF THE GRANT:	The grant aims to improve the capacity of the criminal justice system to effectively plan, manage, and allocate resources through the purchasing of equipment and to provide more responsive law enforcement services. The grant funding supports furnishings, and safety & security equipment costs for Cuyahoga County Central Booking. The extension through September 30, 2026 will ensure the completion of these projects.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Improve the functioning of the criminal justice system and assist victims of crime in geographic areas as designated in the FY22 Consolidated Appropriations Act.
	Improve the capacity of the criminal justice system to effectively plan, manage, and allocate resources.
	Complete Technology and Equipment improvements to the Cuyahoga County Jail Central Booking.

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:	All Districts
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.
	U.S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Assistance
	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.

ION2026-07

TITLE	Cleveland Browns Healthy Relationship Microgrant Time Extension
DEPARTMENT OR AGENCY NAME	Public Safety & Justice 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). <ul style="list-style-type: none"> ➤ 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 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 Healthy Relationships Microgrant	12/1/2023-12/31/2024	\$7,500.00	1/2/2024	CON2024-03
AMENDMENT (A-1)	Healthy Relationships Microgrant	12/1/2023-12/31/2025	\$11,790.00	6/30/2025	CON2025-64
AMENDMENT (A- 2)	Healthy Relationships Microgrant	12/1/2023-12/31/2026	0		

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Cleveland Browns, Haslam Sports has extended the Department of Public Safety & Justice Services FY23 Healthy Relationships Microgrant through 12/31/2026. This will assist with counselors and therapists for Camp HOPE 2026 in Cuyahoga County.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Enhance Camp HOPE Pathways year-round enrichment activities
	Provide support for counselors for Camp HOPE America
	Frontline therapeutic staff support for Camp HOPE America 2026

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.	
FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Mental Health Services for Homeless Persons, Inc. dba FrontLine Services, Inc.
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Susan Neth, Executive Director
SUBRECIPIENT'S COUNCIL DISTRICT:	Council District 7
DOLLAR AMOUNT ALLOCATED:	\$5,000 approximate

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Cleveland Browns Football Company, LLC
	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.
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ION2026-08

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 2/9/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT