



**Cuyahoga County Board of Control Agenda  
Monday, February 23, 2026 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> Floor, Committee Room B**

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

**I – CALL TO ORDER**

**II. – REVIEW MINUTES – 2/17/2026**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-73**

Department of Public Works, recommending an award and enter into Contract No. 5908 with Precision Klean, Inc. (68-2) in the amount not-to-exceed \$19,974.82 for repair, restoration and retrofitting of the Halton Command Center Kitchen Exhaust System at the Cuyahoga County Juvenile Detention Center effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

**BC2026-74**

Fiscal Office, submitting an amendment to Contract No. 3796 nka Contract No. 5832 for administrative support related to budget projections and forecasting, configuration of reports, and training for the period 10/20/2023 - 12/31/2025 to extend the time period to 12/31/2027 with Sherpa Government Solutions, LLC for an assignment and assumption of services to Euna Solutions, Inc., to replace the insurance requirements and for additional funds in the amount not-to-exceed \$90,236.02, effective upon signatures of all parties.

Funding Source: General Fund

**BC2026-75**

Fiscal Office on behalf of the Board of Revisions,

- a) Submitting an RFP exemption, which will result in an award recommendation to Sadler Ne-Camp Financial Services, Inc. dba Proware in the amount not-to-exceed \$14,410.00 for modification, maintenance and support services on the Civil Criminal Justice Information System electronic filing system for the period 1/1/2026 - 12/31/2030.
  
- b) Recommending an award and enter into Contract No. 5958 with Sadler Ne-Camp Financial Services, Inc. dba Proware in the amount not-to-exceed \$14,410.00 for modification, maintenance and support services on the Civil Criminal Justice Information System electronic filing system for the period 1/1/2026-12/31/2030.

Funding Source: Real Estate Assessment Fund

**BC2026-76**

Department of Information Technology, recommending an award on Purchase Order No. 26000544 to SHI International Corp. in the amount not-to-exceed \$56,248.19 for a joint cooperative purchase for the renewal of (24) various BitSight Cybersecurity Risk Management platform subscriptions and licenses for the period of 3/22/2026 – 3/21/2027.

Funding Source: General Fund

**BC2026-77**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Excalibur Data Systems, Inc. in the amount not-to-exceed \$150,000.00 for integration and developmental services for the IT HALO service management platform for a period of 3 years effective upon signatures of all parties.
  
- b) Recommending an award and enter into Contract No. 5945 with Excalibur Data Systems, Inc. in the amount not-to-exceed \$150,000.00 for integration and developmental services for the IT HALO service management platform for a period of 3 years effective upon signatures of all parties.

Funding Source: General Fund

**BC2026-78**

Clerk of Courts, recommending an award on Purchase Order No. 26000472 to United States Postal Service in the amount not-to-exceed \$500,000.00 for the purchase of refill postage for the period 2/1/2026 – 6/30/2026, in accordance with Civil Rule No. 4 of the Ohio Rules of Civil Procedures.

Funding Source: General Fund

**BC2026-79**

Sheriff's Department, submitting an amendment to Agreement No. 86 with City of Euclid for inmate housing services for the period 2/1/2020 – 2/28/2026 to extend the time period to 5/1/2026 and for additional revenue in the estimated amount of \$100,000.00, effective upon signatures of all parties.

Funding Source: Revenue Generating

**BC2026-80**

Sheriff's Department, submitting an amendment to Contract No. 4660 with T. D. Security Limited, Inc. for building security 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 1/31/2027 and for additional funds in the amount not-to-exceed \$85,000.00 effective upon signatures of all parties.

Funding Source: Internal Service Fund

**BC2026-81**

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Serenity Health & Wellness Corporation in the amount not-to-exceed \$63,333.00 for trauma-informed, restorative, and culturally responsive supports in school environments for youth ages 10-17 in connection with the 2025 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2025 – 3/31/2027.
  
- b) Recommending an award and enter into Contract No. 5944 with Serenity Health & Wellness Corporation in the amount not-to-exceed \$63,333.00 for trauma-informed, restorative, and culturally responsive supports in school environments for youth ages 10-17 in connection with the 2025 Title II Formula Juvenile Justice and Delinquency Prevention Grant for the period 10/1/2025 – 3/31/2027.

Funding Source: Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the Federal Juvenile Justice and Delinquency Prevention Act.

**BC2026-82**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5919) with Saber Healthcare Group in the amount not-to-exceed \$86,764.00 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for Saber Healthcare Group residents enrolled or seeking enrollment for the period 3/1/2026 - 2/28/2027.

Funding Source: Revenue Generating

**BC2026-83**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5198 (fka Contract No. 4141) with Housing Innovations, LLC for technical assistance to develop and implement a strategy to comply with the HEARTH ACT, including short-term and long-term planning and implementation of strategies at reducing and ending homelessness in connection with the Cuyahoga County Continuum of Care Evaluation and Planning Project for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026, to add Exhibit I-B which represents the budget for this amendment and for additional funds in the amount not-to-exceed \$220,000.00.

Funding Source: U.S. Department of Housing & Urban Development Planning Grant

**BC2026-84**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5264 (fka Contract No. 4191) with Enterprise Community Partners, Inc. to provide permanent supporting housing and income and stability planning services in connection with the Continuum of Care program for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 to amend Article I, Section 1.1 titled “Scope of Agreement” to supplement the Statement of Work with Exhibit I-C, to supplement the Budget with Exhibit II-C and for additional funds in the amount not-to-exceed \$332,408.00, effective 1/1/2026.

Funding Source: US Department of Housing and Urban Development Planning Grant

**BC2026-85**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, recommending an award and enter into Contract No. 5745 with Metanoia Project Inc. (259-4) in the amount not-to-exceed \$75,000.00 to operate a seasonal emergency shelter for unsheltered homeless for up to 40 adults at the Zion Hill Missionary Baptist Church, located at 11115 Kinsman Avenue, Cleveland for the period 11/23/2025 - 4/15/2026.

Funding Source: Health and Human Services Levy Fund

**C. – Consent Agenda**

**BC2026-86**

Fiscal Department, presenting proposed travel/membership requests for the week of 2/23/2026:

Dept:	County Executive’s Office							
Event:	Powering Partnerships for a Clean Future: Ohio-UK Local Delegation							
Source:	Power a Clean Future Ohio							
Location:	United Kingdom							
Staff	Travel Dates	Registration *	Meals *	Lodging *	Ground TRN/ Mileage	Air *	Total	Funding Source

					*			
Christopher Ronayne	3/21/2026-3/26/2026	\$0.00	\$375.00	\$1,100.00	\$500.00	\$1,800.00	\$3,775.00	George Gund Foundation

\*This trip will not be paid for by the County.

**Purpose:**

Power a Clean Future Ohio are inviting a delegation of Ohio local leaders to travel to the United Kingdom from March 21-26,2026. The delegation, titled Powering Partnerships for a Clean Future: Ohio-UK Local Delegation Program, will bring together leaders from across Ohio to Strengthen transatlantic collaboration on clean energy and environmental initiatives. Participants will have the opportunity to showcase Cuyahoga County’s leadership in these areas and highlight the region’s economic potential for international investment and business partnerships.

Dept:	Sheriff’s Department							
Event:	Mid-Level Narcotics Investigations							
Source:	Northeast Counter Drug Training Center							
Location:	Anncville, PA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Graydn Bailey Parisette	4/8/2026-4/9/2026	\$0.00	\$150.00	\$330.00	\$0.00	\$0.00	\$480.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

To attend a Basic narcotic training course that focuses on drug identification, types of informants, operational planning, and search warrant execution. This training was developed to target mid-level drug dealers using all available resources including both state and federal narcotic and firearm laws.

Department of Public Safety and Justice Services, recommending to Amend Board Approval No. BC2026-71, dated 2/17/2026, which authorized (1) staff to attend the Camp Hope Mini Conference on 2/25/2026 – 2/27/2026, to increase the expenses from \$689.00 to \$810.01.

Dept:	Department of Public Safety and Justice Services							
Event:	Camp Hope Mini Conference							
Source:	Alliance for Hope International							
Location:	Greensboro, NC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/	Air ***	Total	Funding Source

					Mileage **			
Alexandria Lueth	2/25/2026- 2/27/2026	\$300.00	\$35.00	\$0.00	\$155.00	<del>\$199.00</del> \$320.01	<del>\$689.00</del> \$810.01	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This conference is an essential professional development opportunity that supports the effective implementation and sustainability of the Camp HOPE program. It is designed to facilitate collaboration and structured learning with Camp HOPE Coordinators and program leaders nationwide, while reinforcing the core components and fidelity of the Camp HOPE model. The conference format mirrors the overnight camp experience, allowing participants to engage in hands-on, experiential learning. Attendance is necessary to review best practices, strengthen program delivery, and participate in peer exchange that directly informs program quality and outcomes.

Dept:	Department of Health and Human Services							
Event:	Tamkin Elder Abuse Symposium							
Source:	Rise Collaborative Inc							
Location:	Pasadena, CA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Natasha Pietrocola	2/25/2026- 2/27/2026	\$525.00	\$180.00	\$520.00	\$175.00	\$658.00	\$2,058.00	Rise Grant through Benjamin Rose
Sylvia Pla- Raith	2/25/2026- 2/27/2026	\$525.00	\$180.00	\$520.00	\$175.00	\$658.00	\$2,058.00	Rise Grant through Benjamin Rose

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Request to attend the Tamkin Elder Abuse symposium in LA on Feb 26 and 27, 2026. The symposium this year focuses on promising programs and sustainable progress, including research-to-practice developments (like RISE) and more. Among other things, the agenda includes sessions discussing RISE, "implementation science" (the type of research we are doing in the RISE-APS replication and evaluation project that your office is part of) and other subjects relevant to APS's participation in the RISE project.

**BC2026-87**

Department of Purchasing, presenting proposed purchases for the week of 2/23/2026:

**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
26000640	(4) 8ft. Super Duty Truck Beds	Department of Public Works	Legion Diesels LLC dba Legacy Truck Fitters	\$14,750.00	General Fund
26000455	Forensic Imager and Adapter Kits	County Prosecutor	Sumuri, LLC	\$18,282.00	Federal Internet Crimes Against Children Grant

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000582	Out-of-home care placement services for the period 12/1/2025-12/31/2025 *	Division of Children and Family Services	Lakeland Hospital Acquisition, LLC dba Lakeland Behavioral Health System	\$39,650.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000591	Out-of-home care placement services for the period 12/11/2025-12/31/2025 *	Division of Children and Family Services	The BridgeWay, LLC	\$20,265.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000540	MSY placement services for the periods 2020, 2021, & 2022**	Division of Family and Children First Council	Cuyahoga County Board of Developmental Disabilities	\$185,043.41	State MSY Fund

\*Approval No. BC2026-29, dated 1/27/2026, which amended BC2025-324, dated 5/12/2025, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 to extend the time period to 12/31/2026 and to change the total amount not to exceed from \$1,750,000.00 to \$2,000,000.00.

\*\*Approval No. BC2020-415 dated 7/20/20, which approved an alternative procurement process which resulted in award recommendations to various providers in the total amount not-to-exceed \$495,000.00 for the implementation of the Multi-System Youth Program for the period 8/1/2019 – 6/30/2021.

\*\* Approval No. BC2021-496 dated 9/7/2021, which approved an alternative procurement process that resulted in award recommendations to various providers, referred by various County agencies, in the total amount not-to-exceed \$495,000.00 for the implementation of the Multi-System Youth Program for the period 7/1/2021 – 6/30/2023.

**V- OTHER BUSINESS**

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

**ION2026-13**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting a grant award from The Cleveland Foundation in the amount of \$2,059,630.00 for Universal Pre-Kindergarten programs, effective 2/6/2026.

Funding Source: High Quality Pre-Kindergarten Education Fund

**ION2026-14**

**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
7037	1913	Solar United Neighbors	For residential solar co-op management services	\$0.00	Department of Public Works	11/1/2021 – 10/31/2025 to <b>extend the time period to 12/31/2026</b>	Utility Operations Fund	(Executive) 2/17/2026 (Law) 2/12/2026
NA	5926	Bad Day Training & Consulting, LLC	Instructor for first responder offensive training	\$4,250.00	Department of Public Safety and Justice Services	Effective upon signatures of all parties- 6/15/2026	FY26 State Emergency Response Commission (SERC) through the Local Emergency Planning Committee (LEPC)	(Executive) 2/12/2026 (Law) 2/18/2026
NA	2437	Western Reserve Area Agency on Aging	Grant for transformational development to support various mission activities	\$0.00	Department of Health and Human Services/ Office of the Director	10/17/2022- 12/31/2025; to <b>reallocate funds outlined in Exhibit A-III and to extend the time period to 6/30/2026, effective 1/1/2026</b>	(Original) General Fund – American Rescue Plan Act (ARPA) Revenue Replacement / Provision of Government Services	(Executive) 2/17/2026 (Law) 2/13/2026

**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
Original LPA Agreement Item No. 3 6/20/2023; Amendment 1 Item No. 1 1/22/2024	Amendment to LPA Agreement with Ohio Department of Transportation in connection with the design and construction of Bikeshare Stations; <b>to change the funding terms.</b>	\$300,724.60	\$300,724.60	Federal (4TC7 Funds)	(Executive) 2/12/2026
R2020-0100; Original LPA Agreement Item No. 4 6/17/2024	<b>Amendment #1</b> -Resurfacing of Wilson Mills Road from Richmond Road to the Eastern Corporation Line in the City of Richmond Heights; <b>to change the funding terms.</b> - Council District 11	\$1,256,731.90	\$1,256,731.90	\$880,000.00 Federal (4TA7 Funds) \$188,365.95 Road and Bridge Fund \$188,365.95 City of Richmond Heights	(Executive) 2/12/2026
R2020-0100; Original LPA Agreement Item No. 4 6/17/2024	<b>Amendment #1</b> -Resurfacing of Broadway Avenue from Macedonia Road to Richmond Road in the Village of Oakwood; <b>to change the funding terms.</b> - Council District 6	\$2,102,254.51	\$2,102,254.51	\$1,708,000.00 Federal (4TA7 Funds) \$197,127.25 Road and Bridge Fund \$197,127.25 Village of Oakwood	(Executive) 2/12/2026
R2020-0100; Original LPA Agreement Item No. 3 4/22/2024	<b>Amendment #1</b> -Resurfacing of Rockside Road from East 141st Street to Sector Drive in the City of Maple Heights; <b>to change the funding terms.</b> - Council District 8	\$2,741,655.44	\$2,741,655.44	\$2,352,000.00 Federal (4TA7 Funds) \$194,827.72 Road and Bridge Fund \$194,827.72 City of Maple Heights	(Executive) 2/12/2026
R2023-0196; Original LPA Agreement Item No. 3 12/18/2023	<b>Amendment #1</b> -Replacement of Schaaf Road Bridge 02.89 over West Creek in the City of Independence; <b>to change the funding terms.</b> - Council District 6	\$2,618,061.02	\$2,618,061.02	\$1,924,480.00 Federal (4B87 Funds) \$523,612.00 Issue 1 Funds \$169,969.02 Road and Bridge Fund	(Executive) 2/12/2026

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

## Minutes

Cuyahoga County Board of Control

Tuesday, February 17, 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 11:00 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

Cynthia Mason, County Council (Alternate for Councilmember Meredith Turner)

Councilmember Michael Houser

Councilmember Robert Schleper

### **II. – REVIEW MINUTES – 2/9/2026**

Michael Chambers motioned to approve the minutes from the February 9, 2026, meeting; Mellany Seay 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**

##### **BC2026-61**

Department of Development, recommending a United States Environmental Protection Agency Brownfield Revolving Fund Loan to TW58 Cleveland LLC, or its designee in the amount not-to-exceed \$491,000.00 for the environmental remediation of asbestos associated with the former Westinghouse Building, located at 1200 West 58<sup>th</sup> Street, Cleveland, for the redevelopment of a vacant and blighted building for mixed-use housing.

Funding Source: United States Environmental Protection Agency Brownfield Revolving Loan Fund

Nicholas Fedor, Department of Development, presented. Robert Schleper asked what organization would actually be doing this work; asked do we have vendors of choice; commented I know this is very

specific type of work as he actually had asbestos removed from his house and it's a very specific process; asked is there a company of choice we've worked with in the past that can work under the umbrella of these types of loans or grants or do we still have to go through the procurement process. Presenter commented that the County's US EPA funding goes to the development entity and the developer selects a contractor who's certified to perform the remediation work on their behalf following state and federal guidelines. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-61 was approved by unanimous vote.

#### **BC2026-62**

~~County Executive/Fiscal Department~~ **Office**, submitting an amendment to various contracts with Manatron, Inc. dba Aumentum Technologies 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

Domonique Tatum, Fiscal Department, presented. There were no question. Michael Chambers motioned to approve the item as amended; Robert Schleper seconded. Item BC2026-62 was approved by unanimous vote as amended.

#### **BC2026-63**

Department of Information Technology, recommending an award on Purchase Order No. 26000519 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$79,274.00 for a joint cooperative purchase of various software subscriptions and licenses for Barracuda Gateway appliances for email security, Advanced Threat Protection, Cloud-to-Cloud Data Protection and Archiving services, energize updates and instant replacement extended services for the period 2/21/2026 – 2/20/2027.

Funding Source: General Fund

Brianna Witt, Department of Information Technology, presented. Robert Schleper asked do we have another provider setup; asked are we transitioning from Barracuda to another; asked can you give us a little information about that. Presenter responded that an item was previously presented and approved by the Board to make a small scale transition to explore the services offered. The IT Security Team was pleased and will continue transitioning to the new software. In the meantime, we need to continue having an active platform for security while the transition happens. Presenter will follow up with the exact name of the vendor for the transition. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-63 was approved by unanimous vote.

#### **BC2026-64**

Sheriff's Department, submitting an amendment to Contract No. 4733 with Axon Enterprise, Inc. for a state contract purchase of various hardware, software, maintenance and support used to expedite intelligence gathering and efficiency of response to situations for community safety initiatives for the

period 1/1/2025 – 12/31/2029 to extend the time period to 12/31/2034, to expand the scope of services and for additional funds in the amount not-to-exceed \$37,526.60, effective upon signatures of all parties.

Funding Source: General Fund

Tanisha Gates, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-64 was approved by unanimous vote.

#### **BC2026-65**

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting Addendum No. 1 to an agreement with Cuyahoga County District Board of Health for toxicology testing services in connection with Overdose Data to Action Grant for the period 9/1/2025 – 8/31/2026 for additional funds in the amount not-to-exceed \$7,918.00, effective upon signatures of all parties.

Funding Source: Cuyahoga County District Board of Health pass through from Department of Health and Human Services; U.S. Centers for Disease Control and Prevention; Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL)

Lezlie White, Department of Public Safety and Justice Services, presented. Michael Houser asked how many staff members attending this conference. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-65 was approved by unanimous vote.

#### **BC2026-66**

Department of Public Safety and Justice Services, recommending an award on RQ16280 and enter into Contract No. 5907 with Carahsoft Technology Corp. (26-4) in the amount not-to-exceed \$74,433.33 for the dark web threat intelligence platform for Northeast Ohio Regional Fusion Center, effective upon signatures of all parties, for a period of 1 year.

Funding Source: Ohio Department of Public Safety, Emergency Management Agency/FY24 Urban Area Security Initiative Grant Program

Lezlie White, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-66 was approved by unanimous vote.

#### **BC2026-67**

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

a) Submitting an RFP exemption, which will result in a payment to US Together, Inc. in the amount not-to-exceed \$85,124.27 as final payment for November and December 2025 invoices for interpretation and translation services for various County agencies rendered under Contract No. 3157 (formerly Contract Nos. 956 and 1465) during the contract term of 3/1/2021-12/31/2025.

b) Recommending a payment on Purchase Order No. 26000174 to US Together, Inc. in the amount not-to-exceed \$85,124.27 as final payment for November and December 2025 invoices for interpretation

and translation services for various County agencies rendered under Contract No. 3157 (formerly Contract Nos. 956 and 1465) during the contract term of 3/1/2021-12/31/2025.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked is this kind of clean-up and get them paid in full and closed out. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-67 was approved by unanimous vote.

### **C. – Exemptions**

#### **BC2026-68**

Department of Public Works/Division of Public Utilities, recommending an alternative procurement process, which will result:

- a) In the release of a Formal Request for Qualifications to pre-qualify firms with expertise in engineering, procurement, construction, and solar and/or battery installation as it pertains to renewable energy projects and solar projects.
- b) Generate a number of additional pre-qualified vendors to add to the list of vendors expiring May 27<sup>th</sup> 2027 provided to Compass Energy Platform, per the terms and conditions of Compass' agreement with Cuyahoga County, for further vetting and selection.
- c) Selected firms are expected to provide services to local governments, non-profits and businesses as part of Cuyahoga Green Energy's microgrid work and for solar projects being developed.

Funding Source: n/a

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-68 was approved by unanimous vote.

#### **BC2026-69**

Medical Examiner's Office, requesting to amend BC2025-148, dated 3/3/2025 which authorized an alternative procurement process resulting in award recommendations to various providers in the total amount not-to-exceed \$40,000.00 for the purchase of meals, refreshments and supplies for participants of the Citizens Academy and Medicolegal Death Investigation training programs for the period 3/1/2025 – 12/31/2025 to extend the time period to 12/31/2026.

Funding Source: General Fund – 100% reimbursement from the participants

Hugh Shannon, Medical Examiner's Office, presented. Michael Houser commented he sees the flyers everywhere; asked as a whole how the Citizens Academy is going and how many people are in the program currently; asked that Council be updated on how everything goes. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-69 was approved by unanimous vote.

**D. – Consent Agenda**

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-70 through BC2026-72; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote.

**BC2026-70**

Department of Public Works, submitting an amendment to Contract No. 4220 (fka Contract No. 3384) with Schirmer Construction, LLC for rehabilitation of Warrensville Center Road Bridge Nos. 05.92 East and 05.92 West over Greater Cleveland Regional Transit Authority in the City of Shaker Heights for a decrease in the amount of (\$59,316.64); 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: 42.4% Federal, 18.2% Ohio Public Works Commission and 39.4% County Motor Vehicle \$5.00 License Tax Fund

**BC2026-71**

Fiscal Department, presenting proposed travel/membership requests for the week of 2/17/2026:

Dept:	Department of Sustainability							
Event:	2026 Great Lakes Commission-Great Lakes Day							
Source:	Great Lakes Commission							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Emily Bacha	3/4/2026-3/5/2026	\$100.00	\$120.00	\$550.00	\$80.00	\$600.00	\$1,450.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Travel to Washington D.C. to attend Great Lakes Commission’s Great Lakes Day on the Hill. Great Lakes Day will include dialogue on Great Lakes priorities by regional leaders and members of Congress who play a critical role in shaping Great Lakes policies.

Dept:	County Executive’s Office							
Event:	2026 Great Lakes Commission-Great Lakes Day							
Source:	Great Lakes Commission							
Location:	Washington, DC							

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Ronayne	3/4/2026-3/5/2026	\$100.00	\$120.00	\$550.00	\$80.00	\$600.00	\$1,450.00	General Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Travel to Washington D.C. to attend Great Lakes Commission's Great Lakes Day on the Hill. Great Lakes Day will include dialogue on Great Lakes priorities by regional leaders and members of Congress who play a critical role in shaping Great Lakes policies.

Dept:	Sheriff's Department							
Event:	A.T.F Task Force Officer Training							
Source:	Bureau of Alcohol Tobacco Firearms and Explosives							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration	Meals*	Lodging*	Ground TRN/ Mileage **	Air*	Total	Funding Source
Dan Comerford	2/8/2026-2/12/2026	\$0.00	\$429.90	\$385.00	\$0.00	\$507.00	\$1,321.90	ATF Task Force Funding
Kevin Harvey	2/8/2026-2/12/2026	\$0.00	\$429.90	\$385.00	\$0.00	\$507.00	\$1,321.90	ATF Task Force Funding

\* All expenses will be covered by the ATF, and no charges will be incurred by the County.

Purpose:

Deputies will be traveling to Atlanta Georgia to participate in mandatory Task Force Officer training for ATF.

Dept:	Sheriff's Department							
Event:	A.T.F Task Force Officer Training							
Source:	Bureau of Alcohol Tobacco Firearms and Explosives							
Location:	Las Vegas, NV							
Staff	Travel Dates	Registration	Meals *	Lodging*	Ground TRN/ Mileage **	Air*	Total	Funding Source
Phil Habeeb	3/30/2026-4/3/2026	\$0.00	\$429.90	\$385.00	\$0.00	\$494.00	\$1,308.90	ATF Task Force Funding
Owen Norman	3/30/2026-4/3/2026	\$0.00	\$429.90	\$385.00	\$0.00	\$494.00	\$1,308.90	ATF Task Force Funding

Tim Coyne	3/30/2026-4/3/2026	\$0.00	\$429.90	\$385.00	\$0.00	\$494.00	\$1,308.90	ATF Task Force Funding
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\* All expenses will be covered by the ATF, and no charges will be incurred by the County.

Purpose:

Deputy will be traveling to Las Vegas Nevada to participate in mandatory Task Force Officer Training for the ATF.

Dept:	Department of Public Safety and Justice							
Event:	Camp Hope Conference							
Source:	Alliance for Hope International							
Location:	Greensboro, NC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Alexandria Lueth	2/25/2026-2/27/2026	\$300.00	\$35.00	\$0.00	\$155.00	\$199.00	\$689.00	Health and Human Services Levy Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

This conference is an essential professional development opportunity that supports the effective implementation and sustainability of the Camp HOPE program. It is designed to facilitate collaboration and structured learning with Camp HOPE Coordinators and program leaders nationwide, while reinforcing the core components and fidelity of the Camp HOPE model. The conference format mirrors the overnight camp experience, allowing participants to engage in hands-on, experiential learning. Attendance is necessary to review best practices, strengthen program delivery, and participate in peer exchange that directly informs program quality and outcomes.

Dept:	Department of Public Safety and Justice Services							
Event:	2026 National Fusion Center Association Annual Training Conference							
Source:	National Fusion Center Association							
Location:	Washington, DC							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Melanie Molzan	3/29/2026-4/3/2026	\$695.00	\$316.00	\$1,600.10	\$190.00	\$527.00	\$3,328.10	FY2024 Urban Area Security Initiative Grant Fund

Eric Morgan	3/29/2026-4/3/2026	\$695.00	\$316.00	\$1,600.10	\$190.00	\$527.00	\$3,328.10	FY2024 Urban Area Security Initiative Grant Fund
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\*Paid to host

\*\*Staff reimbursement

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

**Purpose:**

The National Fusion Center Annual Training Event brings together fusion center personnel, federal, state and local partners, and corporate sponsors. The event fosters sharing of innovative ideas and best practices to enhance fusion center capabilities and the National Network’s contribution to public safety. Features include keynote speakers, breakout sessions on current challenges and the evolving terrorism threat picture, NFCA’s annual awards ceremony and opportunities to network with colleagues and sponsors. This premier training and collaboration event is designed for federal, state, and local fusion center personnel and their law enforcement, homeland security, and private sector partners. The agenda will include five concurrent breakout tracks focused on Outreach, Cyber, Leadership, Analytic Tradecraft, and other mission-supporting topics.

**BC2026-72**

Department of Purchasing, presenting proposed purchases for the week of 2/17/2026:

**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
26000539	Various construction equipment parts	Department of Public Works	Ohio Machinery Co. dba Ohio Cat	Not-to-exceed \$30,000.00	50% Sanitary Sewer Fund 50% Road and Bridge Fund

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000442	Out-of-home care placement services for the period 8/18/2025-8/31/2025, 9/1/2025-9/30/2025, 10/1/2025-10/31/2025 & 12/1/2025-12/31/2025 *	Division of Children and Family Services	RTC Resource Acquisition Corporation	\$51,349.20	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000503	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	Compassion Care Group	\$51,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

\*Approval No. BC2026-29, dated 1/27/2026, which amended BC2025-324, dated 5/12/2025, which amended multiple prior approved alternate procurement processes resulting in purchase orders to various licensed providers

for reimbursement for out of home care placement services for the period 12/1/2022 – 12/31/2025 to extend the time period to 12/31/2026 and to change the total amount not to exceed from \$1,750,000.00 to \$2,000,000.00

## **V- OTHER BUSINESS**

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

#### **ION2026-09**

Department of Purchasing, on behalf of the County Treasurer's Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with KeyBank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to identify funds for 2026, to provide funding sources, to add additional card holders, and change cardholders, in accordance with the Procurement Card Program Services section of the Master Services Agreement.

- a) Cuyahoga County Board of Development Disabilities \$24,000.00; General Fund; change card coordinator and add (2) cardholders.
- b) Public Defenders \$28,400.00; 57% St. Lukes Pre Petition Pilot Program, 35% Pre Petition Pilot Program Grant and 8% General Fund; add (3) cardholders.
- c) Veterans Service Commission \$66,000.00; General Fund; add (1) cardholder
- d) Department of Public Works (Animal Shelter) \$7,000.00; Animal Shelter Operations
- e) Department of Public Works (County Airport) \$5,500.00, Airport Operations Fund
- f) Department of Public Works (Facilities) \$45,000.00; General Fund
- g) Department of Public Works (Road and Bridge) \$60,000.00; Road and Bridge Fund
- h) Department of Public Works (Sanitary) \$30,000.00; Sanitary Fund
- i) Department of Public Works (Transportation) \$17,500.00; General Fund
- j) Department of Development \$2,500.00; General Fund
- k) Department of Housing and Community Development; change cardholder
- l) Fiscal Office \$40,000.00; General Fund
- m) Department of Consumer Affairs \$3,000.00; General Fund; add (1) cardholder
- n) Executive Communications \$9,250.00; General Fund
- o) Department of Equity and Inclusion \$1,500.00; General Fund
- p) Department of Sustainability \$20,000.00; General Fund
- q) Department of Information Technology \$50,000.00; General Fund
- r) Department of Internal Audit \$8,000.00; General Fund
- s) Office of Innovation and Performance \$11,500.00; General Fund
- t) Department of Human Resources \$5,000.00; General Fund
- u) Personnel Review Commission \$3,500.00; General Fund
- v) County Executive's Office \$10,000.00; General Fund
- w) Department of Law \$5,000.00; General Fund
- x) Court of Common Pleas/Juvenile Court Division \$65,000.00; 96% General Fund and 4% Health and Human Services Levy Fund
- y) Sherrif's Department \$40,000.00; 63% Continuing Professional Training and 37% General Fund
- z) Medical Examiner's Office \$15,000.00; General Fund
- aa) Department of Health and Human Services/Division of Children and Family Services \$20,000.00; 65% Health and Human Services Levy Fund and 35% Title IV-E Fund; add (1) cardholder
- bb) Department of Health and Human Services \$10,000.00; Health and Human Services Levy Fund
- cc) Department of Health and Human Services/Office of Child Support Services \$15,000.00; 66% Federal

Funds and 34% Local

- dd) Department of Health and Human Services/Community Initiatives Division/Family and Children First Council \$1,500.00; Health and Human Services Levy Fund
- ee) Board of Elections \$30,000.00; General Fund
- ff) Cuyahoga County Planning Commission \$500.00; General Fund
- gg) Department of Public Safety and Justice Services \$10,000.00; General Fund

Funding Source:

- 66% General
- 9% Road and Bridge Fund
- 6% Health and Human Services Levy Fund
- 5% Sanitary
- 4% Continuing Professional Training
- 2% Federal
- 2% Pre-Petition Pilot Program Grant
- 2% St. Lukes Pre Petition Pilot Program
- 1% Title IV-E
- 1% Local
- 1% Airport Fund
- 1% Animal Shelter Operations

**ION2026-10**

Department of Public Safety and Justice Services on behalf of the Local Emergency Planning Committee, requesting authority to apply for grant funds to the Ohio State Emergency Response Commission in the amount of \$193,825.99 for the Chemical Emergency Planning and Community Right-to-Know Fund in Connection with the Ohio Environmental Protection Agency Right-to-Know Program for the period 7/1/2026 - 6/30/2027.

Funding Source: Environmental Protection Agency passed through the Ohio State Emergency Response Commission

**ION2026-11**

**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
9347	5805 (fka 2750)	Strada Collaborative, LLC dba InsideTrack	Coaching services to Ohio National Guard Scholarship recipients for the Pay for Success Program; <b>to amend the terms, effective upon signatures of all parties.</b>	\$0.00	Department of Health and Human Services/ Office of the Director	10/1/2022 – 4/14/2030	(Original) Social Impact Finance Fund	(Executive) 2/5/2026 (Law) 2/4/2026

NA	4701	Famicos Foundation, Inc.	Master Contract with various providers for operating support of Department of Housing and Urban Development (HUD) approved permanent housing services; <b>to expand the scope of services and update the budget terms, effective 7/1/2025.</b>	\$0.00	Department of Health and Human Services/ Community Initiatives Division/ Office of Homeless Services	7/1/2024 – 6/30/2026	(Original) Health and Human Services Levy Fund	(Executive) 2/5/2026 (Law) 2/5/2026
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**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
R2024-0367 related to Revenue Generating Agreement CM 4851	LPA agreement for the installation of the Greenway Trail from Fitch Road to Stearns Road in Olmsted Township- Council District 5	\$749,100.00		63% Olmsted Township (\$473,100.00) 37% Federal (4TA7 funds) (\$276,000.00)	(Executive) 2/5/2026
R2025-0266	Rehabilitation of Fairmount Boulevard Bridge 10.80 over the Chagrin River in the Village of Hunting Valley- Council District 6		\$2,300,800.00	Road and Bridge Fund	(Executive) 2/5/2026

**ION2026-12**

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 1/1/2026 – 1/31/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “2/17/2026 – Board of Control Meeting”.

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

**VI – PUBLIC COMMENT**

There was no public comment.

**VII – ADJOURNMENT**

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:16 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-73**

Title	Department of Public Works-Facilities-JJC Detention Center-Halton Kitchen Exhaust Upgrade-Precision Kleen, Inc.
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)	CM5908	Precision Kleen, Inc.	Upon Execution for 1-year	\$19,974.82	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 Public Works is seeking approval for a 1-year contract with Precision Kleen, Inc. to repair and upgrade the kitchen hood system at the Juvenile Justice Detention Facility kitchen in the amount of \$19,974.82. The date of the contract is upon approval for a period of one year.

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 Department of Public Works is seeking approval for a contract with Precision Kleen, Inc. for repair and upgrade of the kitchen hood system at the Juvenile Justice Detention Facility kitchen in the amount of \$19,974.82. This would ensure full functionality as well as compliance with the Ohio Fire Code Standards.

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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Randy Conforti 27101 Tungsten Rd. Euclid, Ohio 44132	Sales
Vendor Council District:	Project Council District:
NA	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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. <p style="text-align: center;">NA</p> *See Justification for additional information.
The total value of the solicitation: \$19,974.82	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 68/2	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input 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?  Lowest and best	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

Are the purchases compatible with the new ERP system?  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.

PW750100 55220 UCFAC51029

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):	1.12.26
Date documents were requested from vendor:	1.12.26
Date of insurance approval from risk manager:	
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?  No  Yes (if yes, please explain)

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

HISTORY (see instructions):

**BC2026-74**

Title	Fiscal Department; Euna Solutions Inc.; Sherpa Software
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	3796	Sherpa Government Solutions, LLC	10/20/2023- 12/31/2024	\$117,000.00	10/10/2023	BC2023-614
A-1	3796	Sherpa Government Solutions, LLC	1/1/2025- 12/31/2025	\$39,850.00	11/25/2024	BC2024-858
A-2 Assignment & Assumption	5832	Euna Solutions Inc.	Eff- 12/31/2027	90,236.02	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 a full assignment and assumption form Sherpa Government Solutions, LLC to Euna Solutions Inc. We are amending the agreement for an additional two years to cover the annual license subscription for support, training and budget projection services.

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):  
Support for modules and system issues  
Obtain training on new modules  
Annual license renewal for budget forecasting reports

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):
Euna Solutions Inc 363 W Erie St Floor 7 Chicago, IL 60654	Mark Manfre Senior Renewal Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

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

FS100105
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: Needed to decide if support services were still needed	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	9/8/2025
Date documents were requested from vendor:	10/21/2025
Date of insurance approval from risk manager:	1/20/26
Date Department of Law approved Contract:	2/2/26
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 did not stop services	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**BC2026-75**

Title	Fiscal Department on behalf of Board of Revisions; Sadler NeCamp Financial Services Inc. dba Proware; Case Management Software
Department or Agency Name	Board of Revisions
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	5958	Sadler NeCamp Financial Services Inc. dba Proware	1/1/2026-12/31/2030	14,410.00	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.

Board of Revisions is requesting approval to contract with Sadler NeCamp Financial Services Inc. dba Proware. This is case management software used through the courts. Board of Revision uses the software to file tax foreclosures.

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):  
 Programming support  
 Tax foreclosure filings  
 Case management

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):
Sadler NeCamp Financial Services dba Proware 7621 E Kemper Rd Cincinnati, OH 45249	Don Flishel Owner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  This is the Case Management system used within the courts. Board of Revision needs access to this software to submit electronic filings to the Court.  *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

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

List date of TAC approval	Date: 12/11/2025
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  
 100% Real Estate Assessment 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.  
 BR305100

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: Staffing issues

Timeline

Project/Procurement Start Date (date your team started working on this item):	10/10/2025
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Date documents were requested from vendor:	10/10/2025
Date of insurance approval from risk manager:	2/4/2026
Date Department of Law approved Contract:	2/9/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Vendor has not terminated services	
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	CE1700359	Sadler NeCamp Financial Services	12/17/17-12/31/18	12,600	1/16/2018	BC2018-28
A-1	CE1700359	Sadler NeCamp Financial Services	1/1/19-12/31/20	4,300	2/4/19	BC2019-90
A-2	CM940	Sadler NeCamp Financial Services	1/1/21-12/31/25	11,600.00	3/15/21	BC2021-109

**BC2026-76**

Title	PO26000544JCOP -2026- Renewal of Bitsight Security Risk Monitoring Software
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.
	PO26000544 JCOP	SHI International Corp.	3/22/2026-3/21/2027	\$56,248.19	PENDING	PENDING

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

The Department of Information Technology plans to contract with SHI International Corp, for Renewal of Bitsight Security Risk Monitoring Software in the amount of \$56,248.19

BitSight will provide security governance, cyber risk management, and security controls tracking for the County’s major technology vendors, as well as risk reviews for new vendors. This solution is expected to save an estimated 4–10 hours of Security Analyst time per new vendor review and may also support Legal and Risk Management functions.

Subscription Term: 3/22/2026- 3/21/2027

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

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

Project Goals, Outcomes or Purpose (list 3):

BitSight will provide security governance, cyber risk management, and security controls tracking for the County’s major technology vendors, as well as risk reviews for new vendors. This solution is expected to save an estimated 4–10 hours of Security Analyst time per new vendor review and may also support Legal and Risk Management functions.

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp 90 Davidson Avenue Somerset, New Jersey 08873	Mark Brum Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. SHI is able to provide the County with joint cooperative purchasing contract pricing under Sourcwell contract #121923, which expires February 27, 2028.

	<p>SHI is an approved reseller of Progress Software products, such as Sitefinity. Sitefinity is an approved IT standard.</p> <p>A competitive process was completed through Sourcewell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award.</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 Sourcewell contract #121923, which expires February 27, 2028.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:1.26.2026 CTO approval
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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.

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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. IT100135
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25000152 JCOP	SHI International Corp.	3/22/2025-3/21/2026	\$51,603.74	2/10/2025	BC2025-87

**BC2026-77**

Title	Halo ITSM Professional Services
Department or Agency Name	Department of Information Technology
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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.
	CM5945 EXMT	Excalibur Data Systems, Inc.	Upon Execution, for 3 years	\$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 Department of Information Technology plans to contract with Excalibur Data Systems, Inc., for the three years upon approval for Halo ITSM Professional Services in the amount of \$150,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):

The Department of Information Technology currently utilizes an application called Cherwell Service Management that relates to managing IT Operations such as Helpdesk Ticketing, Inventory, Change Control, Major Outages, Reporting, etc. The Cherwell Service Management product and associated professional services, are being retired by the manufacturer. A replacement product, Halo, was selected as the new application to manage IT operations. Excalibur will work with the Cuyahoga County Department of Information Technology in the development of a roadmap, integration services for the identified areas, and workflow development; resulting in an enterprise class Halo ITSM environment to streamline IT operations. This request is to award a three-year, as-needed time and materials agreement.

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

Vendor Name and address:	Owner, executive director, other (specify):
Excalibur Data Systems, Inc. 115 Sagamore Hill Road Pittsburgh, PA 15239	Mike Fuson Master Solution Architect and Consultant
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. While DoIT requested qualifications from several vendors, this request is being submitted as an RFP exemption as the review and process was not completed through informal bidding within the Infor system. DoIT leadership emailed RFQ requests to IT Service Management vendors, which responding proposals were then evaluated.  *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 type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">List date of TAC approval</td> <td>Date: 02/04/2026</td> </tr> </table>	List date of TAC approval	Date: 02/04/2026
List date of TAC approval	Date: 02/04/2026	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
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. IT100140
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):
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**BC2026-78**

Title	2026 – Clerk of Courts Postage Meter Refill – PO26000472
Department or Agency Name	Clerk of Courts
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	PO26000472	United States Postal Service	2/1/26 – 6/30/26	\$500,000	Pending	Pending

Service/Item Description (include quantity if applicable). The Clerk of Courts is requesting funds to replenish USPS postage meter. Postage is used to fulfill statutory duties and ORC mandated mailings.
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): Replenish USPS postage meter. Postage is used to fulfill statutory duties and ORC mandated mailings.

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: United States Postal Service 2400 Orange Avenue, Cleveland, Ohio 44101	Owner, executive director, other (specify): n/a
Vendor Council District: n/a	Project Council District: n/a
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	RFP Exemption used as postage is provided by the USPS which is on the Administrative Exempt List.  *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 checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: This is funded 100% by 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. CC100100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input checked="" type="checkbox"/> Other (please explain): Currently twice a year or as needed.

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

HISTORY (see instructions):						
Prior Original (O) and subsequent	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

Amendments (A-# )						
O	PO25004750	United States Postal Service	12/21/25 – 1/31/26	\$200,000	12/15/25	BC2025-778

**BC2026-79**

Title	CITY OF EUCLID PRISONER BOARD AND CARE AMENDMENT # 6
Department or Agency Name	SHERIFF'S
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	20000364	CITY OF EUCLID	2/1/20-12/31/20	REVENUE GENERATING	5/26/20	BC2020-296
A-1	86	CITY OF EUCLID	ENDING 12/31/21	REVENUE GENERATING RATE CHANGE FROM 105.26 TO 122.12	12/21/20	BC2020-675
A-2	86	CITY OF EUCLID	ENDING 12/31/22	REVENUE GENERATING ESTIMATED AMOUNT \$275,000	10/25/21	BC2021-607
A-3	86	CITY OF EUCLID	ENDING 12/31/23	REVENUE GENERATING ESTIMATED AMOUNT \$300,000	11/14/22	BC2022-695
A-4	86	CITY OF EUCLID	ENDING 12/31/25	REVENUE GENERATING ESTIMATED AMOUNT \$460,000 RATE CHANGE FROM 122.12 TO 173.00	12/11/23	BC2023-803
A-5	86	CITY OF EUCLID	ENDING 2/28/26	REVENUE GENERATING ESTIMATED AMOUNT \$100,000	12/22/25	BC2025-800
A-6	86	CITY OF EUCLID	ENDING 5/1/26	REVENUE GENERATING ESTIMATED AMOUNT \$100,000	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.

Requesting approval to amend the current contract to extend the expiration date to 5/1/26.

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

Sheriff's department to provide prisoner board and care services to the City of Euclid until 5/1/26.

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

Project Goals, Outcomes or Purpose (list 3):  
 The primary goal of the project is jail regionalization.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Euclid 585 E 222 <sup>nd</sup> St Euclid, Ohio 44123	Patrick Cooney, Law director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is an existing revenue generating agreement with a local municipality and cannot be competitively bid out.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

List date of TAC approval	Date:
---------------------------	-------

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  
Revenue Generating \$100,000

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

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

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

Provide status of project.

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

Timeline

Project/Procurement Start Date (date your team started working on this item):	2/13/26
Date documents were requested from vendor:	2/13/26
Date of insurance approval from risk manager:	2/13/26
Date Department of Law approved Contract:	2/13/26

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): see chart above

**BC2026-80**

Title	Sheriff's Department /T.D. Security Ltd, Inc. / Contract Amendment/ Security / William Pat Day Building
Department or Agency Name	Sheriff's Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4660	T. D. Security Ltd., Inc.	07/01/2024 – 01/31/2025	\$42,750.00	07.01.2024	BOC 2024-488
A-1	4660	T. D. Security Ltd., Inc.	02/01/2025 – 01/31/2026	\$85,000.00	01.21.2025	BC2025-41
A-2	4660	T. D. Security Ltd., Inc.	02/01/2026 – 01/31/2027	\$85,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Sheriff's Department is requesting approval to extend the contract, per the chart above, securing an additional 12 month contract for security at the William Pat Day Building.

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):  
 1. The goal of the project is to extend the contract with T.D. Security Inc. To provide continued security services at the William Patrick Day building.

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: T.D. Security Inc. 3890 Rocky River Drive Cleveland, OH 44111	Owner, executive director, other (specify):  Dennis W. Matson, CEO/President
Vendor Council District: 7	Project Council District: 7

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:  N/A	Provide a short summary for not using competitive bid process.  T.D. Security Inc. currently provides security services for the WPD building. The County & Sheriff's Department would like to extend the services provided by this Security Company.  *See Justification for additional information.
The total value of the solicitation: \$42,750.00	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  N/A	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  N/A  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:  T.D. Security currently provides security for the building.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  N/A	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> Yes <input 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 checked="" 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.  Internal Service 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. SH745100 - 55200
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. The current contract for this vendor will expire Jan. 31, 2026
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: Pending outstanding documents from the vendor.
Timeline
Project/Procurement Start Date (date your team started working on this item): 12/19/25
Date documents were requested from vendor: 12/19/25
Date of insurance approval from risk manager: N/A
Date Department of Law approved Contract: 01/14/26
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) Current Security Contract Expires 1/31/26, without a break in service.
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

**BC2026-81**

Title	Public Safety and Justice Service is requesting to enter into contract with Serenity Health and Wellness Corporation for FY25 Title II Juvenile Justice and Delinquency Prevention (JJDP) Grant.
Department or Agency Name	Cuyahoga County Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	CM5944	Serenity Health & Wellness Corporation	10/1/2025 – 3/31/2027	\$63,333.00	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.

Serenity Health and Wellness Corporation will provide Cognitive Behavioral Intervention for Trauma to 40-50 youths ages 10-17. The program addresses three key drivers of delinquency chronic absenteeism, exclusionary discipline and racial disparities by embedding trauma informed, restorative, and culturally responsive support directly into school environments. The service will take place in Cleveland Collinwood and University of Cleveland Preparatory School and in coordination with Cuyahoga County juvenile detention and related county services to reach similarly situated students and families.

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 Grant purpose is to decrease the likelihood of minority youth coming into contact with the Juvenile Justice System & Law Enforcement by providing programs and services for at-risk and delinquent youth ages 10 to 17.

This funded program addresses three key drivers of delinquency—chronic absenteeism, exclusionary discipline, and racial disparities—by embedding trauma-informed, restorative, and culturally responsive supports directly into school environments.

The intended program outcomes are reduced absenteeism, suspensions, and early justice involvement among youth ages 10–17.

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: Serenity Health & Wellness Corporation	Cliff Barnett, Project Director
2450 Fairmount Blvd, M140, Cleveland Heights, 44106	

Vendor Council District: 10	Project Council District: 10
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <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.  There was a competitive bid under and RFP  *See Justification for additional information.
The total value of the solicitation: \$200,000.00	<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 checked="" type="checkbox"/> No, please explain:  Applications can vary in cost. The Juvenile Justice Delinquency and Prevention Allocation Committee scores and determines which applications will be awarded. Awards are approved by the funding agency.	<input type="checkbox"/> Government Purchase  <input checked="" type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Per the RFP, applicants could submit no more than one application with the request not-to-exceed \$75,000.00. Applications ranged from \$51,529.00 to \$75,000.	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
<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 checked="" type="checkbox"/> No, please explain. This is a grant funded contract.	

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

The project is funded 100% by the Ohio Department of Youth Services. The Formula Grant program is authorized under Part B, Title II of the federal Juvenile Justice and Delinquency Prevention Act.

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.

PJ285145

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

Provide status of project. New Service or purchase

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

Reason:

1. On 6/17/2025 PSJS received an e-mail from Ohio Department of Youth Services providing the allocation amount for FY25 Title II JJDP Grant.
2. PSJS Submitted the Authority to Apply in OnBase on 6/27/2025. It was approved on 7/14/2025 under CON2025-68
3. PSJS received the grant award for FY25 Title II JJDP on 10/8/2025.
4. Working to get other documents completed that were requested by the funding agency as part of the grant award. (Completed on 10/25/2025)
5. PSJS submitted the accept award in OnBase on 10/24/2025. It was approved on 11/10/2025 as a non-voted item #1.
6. Prepared Matrix Item with Law to create contracts on 11/6/2025.
7. Appropriation for grant funding was submitted on 11/14/2025.
8. Law approved contract on 12/10/2025.

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/6/2025
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Date documents were requested from vendor:	12/1/2025
Date of insurance approval from risk manager:	12/1/2025
Date Department of Law approved Contract:	12/10/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)      The award letter was received from ODYS after the start date for contracts.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

**BC2026-82**

Title	2026 Revenue Generating Agreement – Saber Healthcare Group
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	5919	Saber Healthcare Group	3/1/2026-2/28/2027	\$86,764.00	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 Saber Healthcare Group, LLC., for CJFS trained workers to determine Medicaid benefit eligibility for Saber Healthcare Group residents applying for Medicaid.

This Revenue Generating agreement will be \$86,764.00 for the time period of 3/1/2026-2/28/2027.

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):

Saber Healthcare Group will assist their residents applying for Medicaid benefits.

The CJFS caseworker(s) will be responsible for determining income eligibility for Saber Healthcare Group consumers seeking initial enrollment in Medicaid or for Saber Healthcare Group Medicaid residents.

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):
Saber Healthcare Group 23700 Commerce Park Beachwood, OH 44122	Karen Caser, Director Revenue Cycle
Vendor Council District:	Project Council District:
District 11	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 Saber Healthcare Group 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 type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating Agreement – CM 5919

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  
The project is a revenue-generating agreement where Saber Healthcare Group will pay CJFS for this program.

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.  
No accounting units are used because this is revenue generating.

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

Provide status of project.

New 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):

**BC2026-83**

Title	OHS; Housing Innovations; 2026 Contract Amendment #2 for Continuum of Care Planning Support
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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	4141	Housing Innovations	1/1/24 – 12/31/24	\$220,000.00	03/11/2024	BC2024-203
A1	5198	Housing Innovations	1/1/25 – 12/31/25	\$220,000.00	03/10/2025	BC2025-175
A2	5198	Housing Innovations LLC	1/1/26- 12/31/26	\$220,000.00	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.

Housing Innovations consultants will work with OHS to assess and provide recommendations to improve CoC effectiveness and efficiency. This includes coordination of system-wide planning for CoC initiatives, evaluation of strategic use of funding, permanent supportive housing training and implementation, HUD Continuum of Care NOFO competition, developing tools for monitoring CoC projects, staff training and capacity building, assistance with meeting preparation and management, and technical assistance as needed.

This is an existing service covered under CM5198 (f.k.a. 4141). This is a second amendment, adding funds in the amount of \$220,000 and extending the contract term through 12/31/26. There is no change to the existing scope.

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):  
 Assess and provide recommendations to improve CoC effectiveness and efficiency.  
 Assist in coordinating system-wide planning for strategic initiatives.  
 Provide technical assistance to the Office of Homeless Services in applying for federal grant programs .

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:  Housing Innovations 235 Walnut Road Lake Peekskill, New York, 10537	Owner, executive director, other (specify):  Suzanne Wagner, Principal
Vendor Council District:	Project Council District:
N/A located in New York	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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. Amendment on contract that allows for an extension.  *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) Original procurement was an Exemption <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.

Check if item is ERP related?  No  Yes.

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

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

100% US Department of Housing and Urban Development - CoC Planning Grant

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

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

Accounting Unit - HS220115; Accounting # - 55130; Activity Code - HS-26-COC-PLAN

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

Provide status of project.

Recurring service under current contract CM5198 (f.k.a. CM4141)

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

Reason: Due to delay in receiving grant agreement from HUD

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/3/2025
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Date documents were requested from vendor:	11/13/2025
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Date of insurance approval from risk manager:	1/15/2026
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Date Department of Law approved Contract:	1/15/2026
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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

**BC2026-84**

Title	OHS; Enterprise Community Partners; 2026 Amendment for Continuum of Care Income and Stability Planning
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue 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	4191	Enterprise Community Partners, LLC	1/1/24 – 12/31/24	\$190,000.00	3/4/2024	BC2024-187
A1	5264 (4191)	Enterprise Community Partners, LLC	1/1/25 – 12/31/25	\$235,700.00	3/31/2025	BC2025-228
A2	5264 (4191)	Enterprise Community Partners, LLC	Effective upon signature – 12/31/25	\$138,700.00	10/6/2025	BC2025-633
A3	5264 (4191)	Enterprise Community Partners, LLC	1/1/26 - 12/31/26	\$332,408.00	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.

OHS receives an annual planning grant from the US Department of Housing and Urban Development through the Homeless Continuum of Care competition. This grant is designed to improve service coordination across the CoC. OHS is issuing subgrants to providers that focus on specific homeless populations/issues identified as priorities in its strategic plan.

Enterprise supports OHS by strengthening Income & Stability efforts, improving connections between homeless services and workforce systems to enhance employment outcomes for people experiencing homelessness. Enterprise also enhances the effectiveness of Permanent Supportive Housing (PSH) by improving processes, updating performance and monitoring standards, supporting work groups, and reviewing new project proposals.

This amendment will update the scope to include:  
 Oversee and coordinate key supportive housing operations, including annual PSH funding processes, performance monitoring, quality improvement, and the supportive housing pipeline.

Lead cross-sector initiatives to improve service integration, care coordination, tenant stability, and alignment with evolving federal, state, and local funding requirements.

Support on-site operations at the Lotus, including staff training, resident advisory development, eviction-prevention strategies, and income-building opportunities for residents.

Guide Income & Stability efforts: manage steering committee activities, oversee pilot wind-downs and evaluations, integrate employment priorities into Coordinated Entry, and expand systemwide case management and SOAR capacity.

Manage research, evaluation, and reporting efforts with partners such as CWRU to strengthen inter-system connections and inform policy and practice improvements.

This is an existing service covered under CM5264 (f.k.a. 4191). We are requesting to add \$332,408.00 in funding to pay for invoices and amend the current contract period ending 12.31.2025 to 12.31.2026.

There are additions to the scope and budget within reason of program/project needs and capacity. We are requesting the amendment be effective upon execution.

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):  
 Further develop and implement annual supportive housing project review, monitoring, evaluation, and improvement processes.

Further strengthen access to income for individuals experiencing homelessness through connection to workforce and access to benefits.

Other activities as identified and agreed to including support of Supportive Housing

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:  Enterprise Community Partners 1360 E 9th St Cleveland, OH 44114	Owner, executive director, other (specify):  Ayonna Blue Donald, Ohio President
Vendor Council District:	Project Council District:
7	County-Wide

If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A
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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. Amendment on contract that allows for an extension.  *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) Original procurement was an Exemption
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% US Department of Housing and Urban Development Planning Grant
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.
HS220115/55130/HS-26-COC-PLAN
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Recurring service under current contract CM5264 (f.k.a. CM4191)	
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: Due to a delay in receiving the grant from HUD. OHS was waiting on HUD approval prior to create contracts. The contracts needed to have cover mods to allow for final 2025 grant payments and OSH was waiting for purchasing to confirm.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/3/2025
Date documents were requested from vendor:	11/13/2025
Date of insurance approval from risk manager:	1/12/2026
Date Department of Law approved Contract:	1/12/2026
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 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): See chart above

**BC2026-85**

Title	OHS; The Metanoia Project; 2025/2026 Contract for Seasonal Shelter
Department or Agency Name	Office of Homeless Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5745	The Metanoia Project	11/23/25-4/15/26	\$75,000.00	Pending	Pending

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

The Metanoia Project will operate a seasonal emergency shelter at Zion Hill Missionary Baptist Church, located at 11115 Kinsman Avenue in Cleveland, Ohio. The shelter will operate seven (7) days per week from 6:00 PM to 8:00 AM, beginning November 23, 2025, and concluding April 15, 2026. The program will provide overnight accommodations for up to forty (40) adults experiencing unsheltered homelessness in Cleveland and Cuyahoga County. The goal of the program is to offer a safe, warm, and dignified environment during the winter months for individuals who do not routinely access traditional shelter options.

This is a new contract for an existing service previously provided by another vendor.

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):

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

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

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

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

Vendor Name and address:	Owner, executive director, other (specify):
The Metanoia Project 11115 Kinsman Road, Cleveland, Ohio 44104	Kai Saga, Executive Director
Vendor Council District: 9	Project Council District: 9
If applicable provide the full address or list the municipality(ies) impacted by the project.	County-wide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>Event#6535</u> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date: August 4, 2025	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation: \$150,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  22/4	<input type="checkbox"/> State Contract, list STS number and expiration date  <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.  N/A (DEI Search Completed)  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:  We selected the best bidder based on the responses.	<input type="checkbox"/> Government Purchase  <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?  Pricing among the bids received were competitive.	<input type="checkbox"/> Contract Amendment - (list original procurement)  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% Health & Human Services Levy Dollars

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

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

HS260350

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

Provide status of project.  
The Metanoia Project began its seasonal shelter operation on Nov. 23<sup>rd</sup>, 2025.

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

Reason: Metanoia’s insurance company took an exorbitantly long time to process the certificate of insurance. Vendor asked for one insurance agent to be removed off of the account due to frequent errors and omissions on the COI. In addition, Metanoia had to seek insurance cyber coverage from a small business provider. These factors contributed to the delay of the contract being released.

Timeline:

Project/Procurement Start Date (date your team started working on this item):	11/26/25
Date documents were requested from vendor:	11/26/25
Date of insurance approval from risk manager:	2/2/26
Date Department of Law approved Contract:	2/2/26

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) services began on Nov. 23, 2025.

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

HISTORY (see instructions):

**C. - Consent Agenda**

**BC2026-86**

(See related items for proposed travel/memberships for the week of 2/23/2026 in Section C above).

**BC2026-87**

(See related items for proposed purchases for the week of 2/23/2026 in Section C above).

**V – OTHER BUSINESS**

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

**ION2026-13**

TITLE	Office of Early Childhood/Invest in Children 2026 Cleveland
DEPARTMENT OR AGENCY NAME	Office of Early Childhood/Division of Invest in Children

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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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)	Cleveland Foundation	2/6/2026 – No end date	\$2,059,630.00	8/12/2024	CON2024-75
AMENDMENT (A-1)					
AMENDMENT (A- )					

<p>DESCRIPTION/ EXPLANATION OF THE GRANT:</p>	<p>High-Quality Pre-Kindergarten Education Fund</p> <p>Funds should be used for the Universal Pre-K Program</p> <p>Any funds not expended for the purpose agreed to, must be returned to the Foundation.</p>
<p>PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):</p>	<p>Improve quality of childcare and early learning through quality enhancement funds.</p> <p>Increase affordability of childcare by providing scholarships to families under the federal poverty level.</p>

	Increase number of childcare providers who can participate in UPK.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Grants Management The Cleveland Foundation 6601 Euclid Avenue Cleveland, OH 44103
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	\$2,059,630.00

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

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

**ION2026-14**

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 2/23/2026 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**