



**Cuyahoga County Board of Control Agenda
Monday, March 2, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

This meeting is open to the public and may also be accessed via livestream using the following link:

<https://www.YouTube.com/CuyahogaCounty>

I – CALL TO ORDER

II. – REVIEW MINUTES – 2/23/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-88

Department of Public Works, submitting an amendment to Contract No. 4693 with ms consultants, Inc. for engineering services for the replacement of Miles Road Bridge No. 12.10 over the Chagrin River in the Villages of Chagrin Falls and Moreland Hills for the period 12/10/2024 through project completion to expand the scope to include additional engineering design services and related ancillary services, and for additional funds in the amount not-to-exceed \$678,809.00, effective upon signatures of all parties.

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

BC2026-89

Department of Public Works, submitting a Memorandum of Understanding with Cuyahoga Soil & Water Conservation District (via Contract No. 5881) for technical assistance and administrative services for construction and post construction activities related to the National Pollutant Discharge Elimination System in support of soil and water conservation measures in the amount not-to-exceed \$19,500.00 for the period 1/1/2026 – 12/31/2027.

Funding Source: Road and Bridge

BC2026-90

Department of Public Works, submitting a Memorandum of Understanding with Cuyahoga Soil & Water Conservation District (via Contract No. 5980) for technical support and for Public Involvement and Public Education Program activities in order to help meet the standards of Ohio EPA's National Pollutant Discharge Elimination System general permits in the amount not-to-exceed \$33,000.00 for the period 1/1/2026 – 12/31/2030.

Funding Source: Sanitary Operating Fund

BC2026-91

Fiscal Office, recommending an award on RQ16249 and enter into Contract No. 5973 with Empowering and Strengthening Ohio's People, Inc. dba Benjamin Rose (20-3) in the amount not-to-exceed \$498,404.00 to provide financial counseling services in the County's Financial Empowerment Center for the period 1/1/2026 – 12/31/2027.

Funding Source: Delinquent Tax Assessment Collection

BC2026-92

Department of Information Technology, recommending an award on Purchase Order No. 26000187 to Logicalis, Inc. in the amount not-to-exceed \$25,000.00 for a joint cooperative purchase for the renewal of Elasticsearch digital solutions subscription services for the period 5/1/2026 - 4/30/2027.

Funding Source: General Fund

BC2026-93

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Melissa Data Corporation in the amount not-to-exceed \$20,225.00 for the renewal of subscription services for various address verification software for the period of 7/8/2026 - 7/7/2027.
- b) Recommending an award on Purchase Order No. 26000556 to Melissa Data Corporation in the amount not-to-exceed \$20,225.00 for the renewal of subscription services for various address verification software for the period of 7/8/2026 - 7/7/2027.

Funding Source: Real Estate Assessment Fund

BC2026-94

Department of Law, submitting amendments to Contract No. 5203 (formerly Contract Nos. 1472 and CE1400416) with Matrix Pointe Software, LLC on the Matrix Civil Electronic Document and Records Management System for the period 3/1/2014 – 2/28/2026 to extend the time period to 2/28/2028, to update the insurance requirements, and for additional funds in the total amount not-to-exceed \$74,139.00, effective upon signatures of all parties for:

- a) maintenance and support in the amount not-to-exceed \$51,015.00.
- b) data hosting services in the amount not-to-exceed \$23,124.00.

Funding Source: General Fund

BC2026-95

Court of Common Pleas/Juvenile Court Division, recommending an award on RQ16014 and enter into Contract No. 5741 with Redwood Toxicology Laboratory, Inc. (35-5) in the amount not-to-exceed \$80,000.00 for drug screening and testing services for the period 1/1/2026 - 12/31/2028.

Funding Source: Health and Human Services Levy Fund

BC2026-96

Court of Common Pleas/Juvenile Court Division, recommending an award and enter into Contract No. 5873 with Jamaica Childers, LLC (30-2) in the amount not-to-exceed \$44,000.00 for professional hair care services for youth in the Cuyahoga County Juvenile Detention Center for the period 1/1/2026-12/31/2027.

Funding Source: General Fund

BC2026-97

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to OD Security North America, LLC in the amount not-to-exceed \$11,000.00 for the purchase of an extended warranty on (1) Soter RS Full Body Security Scanning System for the period 2/1/2026 – 1/31/2027.
- b) Recommending an award on Purchase Order No. 26000277 to OD Security North America, LLC in the amount not-to-exceed \$11,000.00 for the purchase of an extended warranty on (1) Soter RS Full Body Security Scanning System for the period 2/1/2026 – 1/31/2027.

Funding Source: General Fund

BC2026-98

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5943 with Jewish Family Service Association of Cleveland, Ohio in the amount not-to-exceed \$63,334.00 for teen dating violence prevention services for the Know Abuse Project 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.

BC2026-99

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 5970 with Cleveland Rape Crisis Center in the amount not-to-exceed \$63,333.00 for juvenile diversion services for at-risk minority youth for the Positive Youth Development: Preventing Delinquency Through Gender-Specific Programming 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.

BC2026-100

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 5979) with Light of Hearts Villa in the amount not-to-exceed \$17,353.00 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for Light of Hearts Villa residents enrolled or seeking enrollment for the period 3/1/2026 - 2/28/2027.

Funding Source: Revenue Generating

BC2026-101

Department of Health and Human Services/Division of Community Initiatives/Office of Early Childhood, submitting an amendment to Contract No. 3725 with Cuyahoga County Board of Health for program administration services for the Newborn Home Visiting Program for the Invest in Children Program for the period 1/1/2024 – 12/31/2025 to extend the time period to 6/30/2026, to expand the scope of services, to amend budget terms, and for additional funds in the amount not-to-exceed \$312,500.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2026-102

Department of Purchasing, presenting proposed purchases for the week of 3/2/2026:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000728	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	The BridgeWay, LLC	\$29,915.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

26000740	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	RTC Resource Acquisition Corporation	\$15,160.24	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000732	Armed guard and armored truck services for Fiscal Office/Auto Title Bureau locations for the period 1/1/2026 – 1/31/2026	Department of Purchasing	Brink's Inc.	\$3,365.60	General 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)

ION2026-15

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
7469	2354	Karpinski Engineering, Inc.	For general mechanical, electrical, plumbing, architectural and engineering services.	\$0.00	Department of Public Works	5/12/2022-2/28/2026; to extend the time period to 2/28/2027	(Original) General Fund	(Executive) 2/19/2026 (Law) 2/19/2026
9480	5972 (fka 4218 & 2686)	The Legal Aid Society of Cleveland	For immigration and refugee legal services.	\$0.00	Department of Development	10/20/2022-10/19/2025; to extend the time period to 10/19/2026	(Original) 85% General Fund - American Rescue Plan Act (ARPA) Revenue Replacement/ Provision of Government Services 85% and 14% Economic Development Fund	(Executive) 2/19/2026 (Law) 2/24/2026
14451	4969	Summit Food Service, LLC	For Jail food services in the Cuyahoga County	\$0.00	Sheriff's Department	1/1/2025-12/31/2027	(Original) General Fund	(Executive) 2/19/2026 (Law)

			Corrections Center; to postpone the pricing adjustments for the minimum required price increases until July 1, 2026, effective upon signatures of all parties.					2/18/2026
NA	5946	Partners in Medical Education Inc.	Consulting services related to documentation, review, and site visit preparation for the Accreditation Council for Graduate Medical Education (ACGME) accreditation.	\$7,225.00	Medical Examiner's Office	2/1/2026-3/31/2026, effective upon signatures of all parties.	General Fund	(Executive) 2/19/2026 (Law) 2/24/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, February 23, 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:

Erik Janas, Chief of Staff (Alternate for Chris Ronayne, County Executive)
Leigh Tucker, Assistant Fiscal Officer, Fiscal Office (Alternate for Michael Chambers)
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Joseph Nanni, County Council (Alternate for Councilmember Meredith Turner)
Trevor McAleer, County Council (Alternate for Councilmember Michael Houser)
Councilmember Robert Schleper

II. – REVIEW MINUTES – 2/17/2026

Leigh Tucker motioned to approve the minutes from the February 17, 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

BC2026-73

Department of Public Works, recommending an award and enter into Contract No. 5908 with Precision Kleen, 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

Thomas Pavich, Department of Public Works, presented. There were no questions. Leigh Tucker motioned to approve the item; Erik Janas, seconded. Item BC2026-73 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2026-74 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Joseph Nanni seconded. Item BC2026-75 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-76 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Leigh Tucker motioned to approve the item; Mellany Seay seconded. Item BC2026-77 was approved by unanimous vote.

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

Angela Williamson, Clerk of Courts, presented. There were no questions. Leigh Tucker motioned to approve the item; Erik Janas seconded. Item BC2026-78 was approved by unanimous vote.

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

Lylia Lathan, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-79 was approved by unanimous vote.

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

Lylia Lathan, Sheriff's Department, presented. There were no questions. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2026-80 was approved by unanimous vote.

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.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Trevor McAleer asked is there an evaluation after the contract to see how effective it was or are we required to do that through the grant or anything like that. Leigh Tucker motioned to approve the item; Trevor McAleer seconded. Item BC2026-81 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked can you break down the revenue generating agreement we're providing financial assistance or staffing to determine income eligibility; asked so are these social workers or employees that are determining if people are eligible, just trying to get a sense of what this organization is doing. Leigh Tucker motioned to approve the item; Robert Schleper seconded. Item BC2026-82 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Erik Janas seconded. Item BC2026-83 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Paul Porter seconded. Item BC2026-84 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Leigh Tucker motioned to approve the item; Erik Janas seconded. Item BC2026-85 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Leigh Tucker motioned to approve Consent Agenda Item No. BC2026-86 through BC2026-87; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

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:	Anville, 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/ Mileage **	Air ***	Total	Funding Source
Alexandria Lueth	2/25/2026-2/27/2026	\$300.00	\$35.00	\$0.00	\$155.00	\$199.00 \$320.01	\$689.00 \$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 extend the time period to 12/31/2026	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 reallocate funds outlined in Exhibit A-III and to extend the time period to 6/30/2026, effective 1/1/2026	(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; to change the funding terms.	\$300,724.60	\$300,724.60	Federal (4TC7 Funds)	(Executive) 2/12/2026
R2020-0100; Original LPA Agreement Item No. 4 6/17/2024	Amendment #1 -Resurfacing of Wilson Mills Road from Richmond Road to the Eastern Corporation Line in the City of Richmond Heights; to change the funding terms. - 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	Amendment #1 -Resurfacing of Broadway Avenue from Macedonia Road to Richmond Road in the Village of Oakwood; to change the funding terms. - 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	Amendment #1 -Resurfacing of Rockside Road from East 141st Street to Sector Drive in the City of Maple Heights; to change the funding terms. - 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	Amendment #1 -Replacement of Schaaf Road Bridge 02.89 over West Creek in the City of Independence; to change the funding terms. - 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

There was no public comment.

VII – ADJOURNMENT

Leigh Tucker motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:19 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-88

Title	DPW requesting approval of Amendment 1; ms Consultants, Inc.; RFQ#14481; Addition of funds and scope changes	
Department or Agency Name		
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	4693	ms consultants, inc.	12/10/2024 – Project Completion	\$273,769	12/9/2024	BC2024-910
A-1	4693	ms consultants, inc.	Effective Date – Completion Date	\$678,809	Pending	Pending

<p>Service/Item Description (include quantity if applicable). The scope of this amendment is for Stage 1 design, environmental field studies and documentation, CE clearance, Stage 2 design, Stage 3 design, waterway permitting, bridge load rating, preparation of Conformance and Final Construction Plans, preparation of Preliminary and Final R/W Plans, final utility and stakeholder coordination, temporary access fill plan, floodplain coordination, and final deliverables. This amendment is for an additional \$678,809 and keeps the contract length as ending at project completion.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): Expand the scope of services to obtain the necessary information needed to continue the replacement of the bridge per design drawings (plans), specifications and studies.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
ms consultants, inc. 425 Literary Road, Suite 100, Cleveland, Ohio 44113	Mark Powell, PE Project Manager
Vendor Council District:	Project Council District:
8	6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _14481_____	Provide a short summary for not using competitive bid process.
<input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ	
<input type="checkbox"/> Informal	
<input checked="" type="checkbox"/> Formal Closing Date: 06/14/2024	*See Justification for additional information.
The total value of the solicitation: N/A	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date
5 responses were scored and 1 was selected	<input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (19%) SBE (9%) MBE (2%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
<input type="checkbox"/> No, please explain.	
If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes	<input type="checkbox"/> Government Purchase
<input checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Alternative Procurement Process
Vendors were scored based on qualifications.	
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
N/A	<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% County Motor Vehicle \$7.50 License Tax Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 PW270205 73300

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions): see chart above

BC2026-89

Title	2026 MOU Agreement between DPW and Cuyahoga County Soil & Water Conservation District for Sanitary PIPE Program Services, \$19,500, 1/1/2026-12/31/2027
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Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5881	Cuyahoga Soil & Water Conservation District	1/1/2026-12/31/2027	\$19,500.00	tbd	tbd

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

This is an ongoing annual MOU agreement between DPW and SWCD in connection with the implementation of soil and water conservation measures. This agreement is to satisfy the obligations regarding the National Pollution Discharge Elimination System (NPDES) and the need for effective collaboration in carrying out Clean Water Act responsibilities as described therein.

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 primary goal is for the County to continue to work with Cuyahoga Soil & Water Conservation District in connection with the implementation of a conservation program that promotes best practices for soil and water conservation, stormwater pollution prevention, and natural resource protection, corresponding with the County's Municipal Separate Storm Sewer System (MS4) permit and municipal codified ordinances where 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):
Cuyahoga Soil & Water Conservation District	Brent Eysenbach, Deputy Director

3311 Perkins Avenue, Suite 100 Cleveland, Ohio 44114	
Vendor Council District: 7	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Road and Bridge
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. PW270205-73300 (100%)
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: Cuyahoga County Soil & Water has separated what was previously a combined MOU Agreement that billed under both R&B and Sanitary for separate services. It took longer than anticipated for them to get draft language from their legal counsel for the current agreements, which led to MOU renewals getting out later than they would have preferred as shown in the email uploaded to the Infor item. The 2025 combined MOU agreement dates are 3/27/2025-3/26/2026 but were for services for the 2025 calendar year only. The dates were chosen as the MOU was previously invoiced quarterly and the dates were chosen strictly to ease the invoice processing in our Infor system. The new agreement will now be invoiced on an annual basis so there will be no fiscal issue.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/23/2025 (current agreement is in effect through March 26, 2026.)
Date documents were requested from vendor:	12/23/2025
Date of insurance approval from risk manager:	NA- govt to govt (all Cuyahoga County)
Date Department of Law approved Contract:	2/13/2026

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: none
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services began January 1, 2026, but the current 2025 MOU is in effect through March 26, 2026.
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	5104	Cuyahoga Soil & Water Conservation District	3/27/2025-3/26/2026	\$14,500	1/21/2025	BC2025-32

BC2026-90

Title	2026 MOU Agreement between DPW and Cuyahoga County Soil & Water Conservation District for Sanitary PIPE Program Services, \$33,000, 1/1/2026-12/31/2030
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5980	Cuyahoga Soil & Water Conservation District	1/1/2026-12/30/2030	\$33,000.00	tbd	tbd

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>The primary goal is for the County to continue to work with Cuyahoga Soil & Water Conservation District in connection with the implementation of a conservation program that promotes best practices for pollution</p>

prevention. Cuyahoga SWCD will work with the County to provide an annual Public Involvement and Public Education (PIPE) program that meets performance standards for MCMs #1 and #2, as established by the County's OEPA-issued stormwater permit.

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):

This is an ongoing annual MOU agreement between DPW and SWCD in connection with the implementation of soil and water conservation measures. This agreement is to satisfy the obligations regarding the National Pollution Discharge Elimination System (NPDES) and the need for effective collaboration in carrying out Clean Water Act responsibilities as described therein.

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

Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga Soil & Water Conservation District 3311 Perkins Avenue, Suite 100 Cleveland, Ohio 44114	Brent Eysenbach, Deputy Director
Vendor Council District: 7	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

Is Purchase/Services technology related 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.

PW715200-55130 (100%)- Sanitary Operating Expenses

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.

PW715200-55130 (100%)

Payment Schedule: Invoiced Monthly Quarterly One-time 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: Cuyahoga County Soil & Water has separated what was previously a combined MOU Agreement that billed under both R&B and Sanitary for separate services. It took longer than anticipated for them to get draft language from their legal counsel for the current agreements, which led to MOU renewals getting out later than they would have preferred as shown in the email uploaded to the Infor item. The 2025 combined MOU agreement dates are 3/27/2025-3/26/2026 but were for services for the 2025 calendar year only. The dates were chosen as the MOU was previously invoiced quarterly and the dates were chosen strictly to ease the invoice processing in our Infor system. The new agreement will now be invoiced on an annual basis so there will be no fiscal issue.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/23/2025 (current agreement is in effect through March 26, 2026.)
Date documents were requested from vendor:	12/23/2025
Date of insurance approval from risk manager:	NA- govt to govt (all Cuyahoga County)
Date Department of Law approved Contract:	2/13/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: none	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Services began January 1, 2026, but the current 2025 MOU is in effect through March 26, 2026.	
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	5104	Cuyahoga Soil & Water Conservation District	3/27/2025-3/26/2026	\$14,500	1/21/2025	BC2025-32

BC2026-91

Title	Fiscal Department; Empowering and Strengthening Ohio's People, Inc dba Benjamin Rose; FEC Counselor
Department or Agency Name	Fiscal Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5973	Empowering and Strengthening Ohio's People Inc dba Benjamin Rose	1/1/26-12/31/27	\$498,404.00	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 Fiscal Office is requesting a contract approval with Empowering and Strengthening Ohio's People Inc. dba Benjamin Rose. This contract is to provide financial counseling in the FEC center.

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):
 One-on-one Financial Counseling for taxpayers
 Foreclosure Prevention
 Property Tax Delinquency Counseling

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):
ESOP dba Benjamin Rose 11890 Fairhill Road Cleveland, Ohio 44120	Michael Billnitzer Executive Director
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> 16249 </u> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 9/22/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: 500,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 20 / 3	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input 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) RFQ
	<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>	List date of TAC approval	Date:
List date of TAC approval	Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

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

100% Delinquent Tax Assessment Collection
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. FS251600
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: Outreach to promote Center	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	7/1/2025
Date documents were requested from vendor:	9/1/2025
Date of insurance approval from risk manager:	1/26/2026
Date Department of Law approved Contract:	1/26/2026
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 type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-92

Title	PO26000187JCOP-2026-procurement of Elastic Search 1-Year subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26000187 JCOP	Logicalis, Inc.	5/1/2026-4/30/2027	\$25,000.00	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 Logicalis, INC, for procurement of Elastic Search 1-Year subscription in the amount of \$25,000.00.

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):
 To renew Elastic Search Subscription because Elasticsearch is distributed search and analytics engine designed for handling large volumes of data in real-time. It's built on top of Apache Lucene, a powerful search library, and is commonly used for log and event data analysis.

Cuyahoga County manages 59 websites, including County, agency, and municipal sites, each with a search engine. Currently, Lucene and HawkSearch are used for searching. Lucene, integrated into Sitefinity, supports searches within a single website but cannot handle cross-site searches required for the County's "Home" website.

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):
Logicalis, Inc. 3333 Richmond Road Beachwood, Ohio 44122	Shawn O'Leary Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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. Logicalis, Inc., an approved local reseller of Elasticsearch to Cuyahoga County, offers joint cooperative contract pricing under the Omnia R240303 Contract Exp.12/31/2027. No other vendors were evaluated because Logicalis, Inc., an approved local reseller of Elasticsearch to Cuyahoga County, offers joint cooperative contract pricing. This is a renewal.

	*See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date The Omnia R240303 Contract Exp.12/31/2027.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:1.16.2025
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

100% General Fund

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

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

IT100110
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.
	PO25001124 JCOP	Logicalis INC	5/1/2025-4/30/2026	25,500.00	3/24/2025	BC2025-199

BC2026-93

Title	PO26000556EXMT-2026- Renewal of Melissa Data Software Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26000556 EXMT	Melissa Data Corporation	7/8/2026- 7/7/2027	\$20,225.00	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 Melissa Data Corporation, for the Melissa Data Software Subscription in the amount of \$20,225.00

Melissa Data, a recognized leader in address verification solutions, will enable on-premise SQL-to-SQL data validation and correction through SSIS.

Term: 7/8/2026-7/7/2027

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):

Address verification, including validations of international addresses outside of the USA and Canada. Enable on-premise SQL-to-SQL data validation and correction through SSIS. Additionally, the API made available to validate international addresses will include a monthly SQL database update, stored on-premise, as well as geocoding services.

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

Vendor Name and address:	Owner, executive director, other (specify):
Melissa Data Corporation 22382 Avenida Empress Rancho Santa Margarita, CA 92688	Eric Hossenlopp Senior Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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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. Melissa Data is a county standard and is already in use by the Courts and ERP. Melissa's compatibility with the County's existing systems warranted to continue using the software. This is a renewal and the rationale for selecting exemption as a procurement method was supported by a competitive bidding process conducted on two separate occasions. In both instances, the items were bid out to vendors, resulting in vendor quotes higher than the manufacturer's quote. Proceeding with the manufacturer's quote ensures cost efficiency while remaining aligned with procurement requirements. *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 checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.	
List date of TAC approval	Date:1/16/2025

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

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

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

100% 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.

FS305100

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.

	PO25001211 EXMT	Melissa Data Corporation	7/8/2025- 7/7/2026	\$19,213.75	3/31/2025	BC2025-219
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BC2026-94

Title	Fiscal Department on behalf of the Law Department; Matrix Pointe Software LLC; law Management System
Department or Agency Name	Fiscal Department on behalf of the Law Department
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CE1400416-01	Matrix Pointe Software, LLC	3/1/2014-2/28/2019	\$225,260.00	10/14/2014	BC2014-256
A-1	CE1400416-01	Matrix Pointe Software, LLC	3/1/2019-2/28/2024	\$172,200.00	5/20/2019	BC2019-380
A-2	1472	Matrix Pointe Software, LLC	3/1/2024-2/28/2025	\$34,440.00	4/29/2024	BC2024-319
A-3	1472	Matrix Pointe Software, LLC	3/1/2025-2/28/2026	\$34,440.00	2/3/2025	BC2025-72
A-4	5203	Matrix Pointe Software, LLC	3/1/2026-2/29/2028	\$74,139.00	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 Law Department is submitting a contract amendment with Matrix Pointe Software, LLC from 3/1/2026-2/29/2028 for maintenance, support and Data Hosting Service for the Law Department’s software management system.

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):
 Maintenance
 Support
 Data Hosting

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):
Matrix Pointe Software LLC 30400 Detroit Rd Suite 400 Westlake, Ohio 44145	Thomas Coury Chairman and Chief Software Architect
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) RFQ <input type="checkbox"/> Other Procurement Method, please describe:

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

<input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 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. LW100100
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): see chart above

BC2026-95

Title	CCJC 2026 Drug Testing & Screening Services with Redwood Toxicology Laboratories, Inc.
Department or Agency Name	Cuyahoga County Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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O	5741	Redwood Toxicology Laboratories, Inc.	01/01/2026-12/31/2028	\$80,000.00	Pending	Pending
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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.
 To provide professional and technical services for drug screening and testing services throughout 2026. For 2025, the contract was through Cordant Health Systems while an RFP went out.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The vendor shall provide the Court with substance abuse laboratory services, instant on-site screening devices, specimen collection containers, specimen bags with absorbent material, chain of custody forms and labels, security seals, temperature strips, and pre-paid mailing boxes.

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: Redwood Toxicology Laboratory, Inc	Owner, executive director, other (specify): Mary Tardel-General Manager
3650 Westwind Blvd Santa Rosa, CA 95403	
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# <u>16014</u> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: 05/29/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$80,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 35 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (10%) SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

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

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

100% Health & Human Services Levy

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

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

JC280105-55040

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: The RFP Committee was delayed in scoring and selecting the awarded proposal, DEI acceptance and the negotiations on the contract took longer than expected.

Timeline

Project/Procurement Start Date (date your team started working on this item):	03/27/2025
Date documents were requested from vendor:	11/17/2025
Date of insurance approval from risk manager:	12/31/2025
Date Department of Law approved Contract:	01/29/2026

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

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

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

HISTORY (see instructions):

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		Various Vendors	02/01/2021-01//31/2023	\$80,000.00	05/03/2021	BC2021-206
	895	Redwood Toxicology Laboratories, Inc	02/01/2021-01/31/2023	\$61,000.00		
	896	Safety Controls Technology, Inc.	02/01/2021-01/31/2023	\$19,000.00		
A-1		Various Vendors	02/01/2021-01/31/2023	\$0.00	05/31/2022	ION
	895	Redwood Toxicology Laboratories, Inc	02/01/2021-01/31/2023	\$0.00		
	896	Safety Controls Technology, Inc.	02/01/2021-01/31/2023	\$0.00		
A-2		Various Vendors	01/31/2023-12/31/2024	\$50,000.00	04/03/2023	BC2023-191
	895	Redwood Toxicology Laboratories, Inc	01/31/2023-12/31/2024	\$40,000.00		
	896	Safety Controls Technology, Inc.	01/31/2023-12/31/2024	\$10,000.00		
O	5130	Cordant Health Solutions	01/01/2025-12/31/2025	\$40,000.00	02/18/2025	BC2025-107

BC2026-96

Title	CCJC Juvenile Detention Center Hair Care Services with Jamaica Childers, LLC
Department or Agency Name	Cuyahoga County Juvenile Court
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5873	Jamaica Childers, LLC	01/01/2026- 12/31/2027	\$44,000.00	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.
 To provide hair care services for varying textures of hair. The services may include, but are not limited to: braiding, quick styles, twists, or other natural hair styles, scalp care and natural hair hygiene. Services rendered per hairstyle should not exceed a reasonable length of time for the specific hairstyle.

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

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

Project Goals, Outcomes or Purpose (list 3):
 To promote professionalism, peace, and positive self-image.

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: Jamaica Childers, LLC	Owner, executive director, other (specify): Jamaica Childers, Owner
1071 Quilliams Rd Cleveland Hts, OH 44121	
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cuyahoga County

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 8/7/25	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$80,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 30 / 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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related 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.

JC100115-55130

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: Legal preparing the contract and insurance approval.

Timeline

Project/Procurement Start Date (date your team started working on this item):	05/13/2025
Date documents were requested from vendor:	10/08/2025
Date of insurance approval from risk manager:	02/03/2026
Date Department of Law approved Contract:	01/16/2026

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

If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2356	Nothing But The Best Hair and Nail Salon LLC	03/01/2022-12/31/2023	\$30,000.00	05/02/2022	BC2022-270

BC2026-97

Title	1-year Extended Full Service & Warranty Contract for Jail Body Scanner
Department or Agency Name	Sheriff's Department
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	26000277 -EXMT	OD Security North America LLC	2/1/2026-1/31/2027	\$11,000.00	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 Sheriff's Department plans to extend the full service and warranty contract for the Jail body scanner which was purchased in February 2025. The current warranty expires on 2/1/2026; this new warranty would run from 2/1/2026-1/31/2027 in the amount of \$11,000.00.

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):
 To extend the full service and warranty contract for the jail body scanner so issues can be addressed in a timely manner.

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):
OD Security North America LLC 501 Graham Road College Station, TX 77845	John Shannon, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The jail body scanner was purchased under state contract. *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: 1/22/2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval. – page 11
 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- SH100140-55200

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

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

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

Provide status of project.

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

Reason: Requested Insurance requirements on 1/16/2026, received doc on 2/2/2026. Vendor submitted COI on 2/6/2026 and it was approved by law on 2/11/2026. PO was submitted and approved by OPD on 2/11/2026. Submitted to OnBase on 2/18/2026.

Timeline

Project/Procurement Start Date (date your team started working on this item):	1/15/2026
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Date documents were requested from vendor:	1/15/2026
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Date of insurance approval from risk manager:	2/11/2026
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Date Department of Law approved Contract:	n/a
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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):

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	25000996 JCOP	OD Security North America	2/1/2026- 1/31/2026	\$190,750.00	3/17/2025	BC2025-187

BC2026-98

Title	Public Safety and Justice Service is requesting to enter into contract with Jewish Family Service Association of Cleveland, Ohio (JFSA) 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	5943	Jewish Family Service Association of Cleveland Ohio	10/1/2025 – 3/31/2027	\$63.334.00	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 Know Abuse program is a primary prevention program that stops initial perpetration of Teen Dating Violence by teaching teens how to recognize unhealthy behaviors and skills to develop and maintain healthy, respectful, and nonviolent relationships.

Ohio law requires public schools (including community and STEM schools) to provide developmentally appropriate instruction in dating violence and sexual violence prevention to students in grades 7 through 12. This mandate is part of the state's health education curriculum and is often associated with "Tina's Law" (House Bill 19) and "Erin's Law" (Senate Bill 288).

JFSA Know Abuse curriculum was approved by ohio law.

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 program goal is to prevent intimate partner abuse victimization and perpetration into adulthood.	
2) Increase in participants' recognition of unhealthy behaviors in their own dating relationships	
3) Increase in participants' confidence to communicate boundaries	
The intended goal is to include presentation of the Know Abuse program to 1,500 teens	

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: Jewish Family Service Association of Cleveland Ohio	Susan Bichsel, President & CEO
29125 Chagrin Blvd. Pepper Pike, Ohio 44122	
Vendor Council District: 9	Project Council District: 9
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 ().
	<input type="checkbox"/> Government Purchase

<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:</p> <p>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.</p>	<input checked="" type="checkbox"/> Alternative Procurement Process
<p>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.</p>	<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:
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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. 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
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):						
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	5138	Jewish Family Service Association of Cleveland Ohio	10/1/2024 – 3/31/2026	\$75,000.00	3/10/2025	BC2025-170

BC2026-99

Title	Public Safety and Justice Service is requesting to enter into contract with Cleveland Rape Crisis Center (CRCC) 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	5970	Cleveland Rape Crisis Center	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.
CRCC will provide the Girls Circle and Council for Boys and young men programming at partner organization.

The Girl’s Circle is a weekly program for girls and youth who identify with female development. The program fosters self-esteem helps youth maintain authentic connections with peers and women in their communities, counters trends of self-doubt, and allows for genuine self-expression.

The Council for Boys and Young Men is a weekly strengths-based group that promotes safe and healthy passage through pre-teen and adolescent years for boys and youths who identify with male development. In this structured environment, youths gain the vital opportunity to address masculine definitions and behaviors and build capacities to find their enter value and create good lives both individually and collectively.

Each cohort will receive 6 sessions that are 1-2 hours in length and will include approximately 10-13 youths per session. Programming will take place throughout Cuyahoga County at schools, community centers, nonprofit organizations and other locations based on needs discovered through the Education and Outreach team’s discussions with existing partners.

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 project aims to develop protective factors of self-esteem and social competencies
- 2) Provide service to 50 youth that will participate in the Girls Circle and Council for Boys and Young Men
- 3) Decrease the number of youths entering, or remain at risk of entering, the juvenile justice system.
- 4) The programs are designed to help youth build positive relationships and build their skills around decision-making and self-expression

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: Cleveland Rape Crisis Center	Nicole McKinney-Johnson, President & CEO
2937 West 25 th Street, Cleveland Ohio 44113	
Vendor Council District: 7	Project Council District: Throughout Cuyahoga County

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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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 <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: 70%;">List date of TAC approval</td> <td style="width: 30%;">Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.		

Are the purchases compatible with the new ERP system? Yes 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:

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.

PSJS Submitted the Authority to Apply in OnBase on 6/27/2025. It was approved on 7/14/2025 under CON2025-68

PSJS received the grant award for FY25 Title II JJDP on 10/8/2025.

Working to get other documents completed that were requested by the funding agency as part of the grant award. (Completed on 10/25/2025)

PSJS submitted the accept award in OnBase on 10/24/2025. It was approved on 11/10/2025 as a non-voted item #1.

Prepared Matrix Item with Law to create contracts on 11/6/2025.

Appropriation of grant funding was submitted on 11/14/2025.

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
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Date of insurance approval from risk manager:	12/1/2025
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Date Department of Law approved Contract:	12/10/2025
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? No Yes (if yes, please explain) The award letter was received from ODYS after the start date for contracts.

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

HISTORY (see instructions):

Prior Original (O) and subsequent	Contract No. (If	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
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Amendments (A-#)	PO, list PO#)					
O	5135	Cleveland Rape Crisis Center	10/1/2024 – 3/31/2026	\$75,000.00	3/10/2025	BC2025-168

BC2026-100

Title	2026 Revenue Generating Agreement – Light of Hearts Villa
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	5979	Light of Hearts Villa	3/1/2026 – 2/28/2027	\$17,353.00	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.

Provide and employ a sufficient number of Cuyahoga Job and Family Services (CJFS) trained workers whose assigned caseload will exclusively consist of Light of Hearts Villa (LOVH) consumers enrolled or seeking enrollment on LOHV Medicaid applications.

This Revenue Generating Agreement is effective March 1, 2026 – February 28, 2027, in a quarterly payment of \$17,353.00 in 2026.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The Caseworker is responsible for determining income eligibility for consumers seeking initial enrollment in LOVH or are already enrolled LOVH residents.
 Medicaid eligibility will be determined by the Caseworker for LOVH.

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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Light of Hearts Villa 283 Union Street Cleveland, OH 44146	Breanne Cavileer, Executive Director
Vendor Council District:	Project Council District:
9	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 Light of Hearts Villa, (LOVH), is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete LOVH Medicaid applications. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe: Revenue Generating CM

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 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%- Revenue Generating Agreement with Light of Hearts Villa who will pay CJFS for Medicaid determination services.

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. N/A – 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

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):

BC2026-101

Title	RQ# NA – 2026 – Cuyahoga County Board of Health – Contract Amendment – Newborn Home Visiting
Department or Agency Name	Office of Early Childhood Invest in Children
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.
A-1	3725	Cuyahoga County Board of Health	1/1/2026- 6/30/2026	\$312,500.00	Pending	Pending
O	3725	Cuyahoga County Board of Health	1/1/2024- 12/31/2025	\$1,450,000.00	2/20/2024	R2024-0029

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 Office of Early Childhood Invest in Children is requesting approval of a contract amendment to add funding in the amount of \$312,500.00 to Cuyahoga County Board of Health for the Newborn Home Visiting Program for the time period of 1/1/2026 - 6/30/2026.

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

The Newborn Home Visiting Program provides a home visit by a registered nurse to low income and teenage mothers giving birth at Metro, University, Hillcrest and Fairview hospitals within the first weeks of bringing the baby home.

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):

- Improve maternal and infant health.
- Connect families to other community resources that support families.
- Link families to a medical home.

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

Vendor Name and address:	Owner, executive director, other (specify):
Cuyahoga County Board of Health 5550 Venture Dr. Parma, OH 44130	Dr. Roderick Harris, Health Commissioner
Vendor Council District:	Project Council District:
4	Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___ N/A ___ <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 1 to a Governmental Purchase Agreement - County Code 501.12 (B)(2)(vi) *See Justification for additional information.
The total value of the solicitation: N/A	<input 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. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<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: N/A	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) Amendment 1 - Government Purchase Agreement CM3725 <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 type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A		

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

Health and Human Services Levy – 100%
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if “no” please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. \$312,500.00 HS260240 55130 UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Existing service/purchase	
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: Procurement was initially delayed until the contract budget amount was approved and confirmed by Invest in Children. Due to 2026 budget cuts, funding was reduced. The reconfigured budget and scope of service was received by DCAP on 11/18/2025. The contract was unable to be signed by the Board of Health until their board meeting review on 12/17/2025. As a result, we missed the reading deadline prior to County Council going on break. COI discrepancies further delayed the document collection process. A compliant COI was not received until 2/10/2026.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/18/25
Date documents were requested from vendor:	11/18/25; 12/8/25; 12/18/25; 12/29/25; 1/2/26; 1/20/26; 2/10/26
Date of insurance approval from risk manager:	8/29/23
Date Department of Law approved Contract:	2/11/26
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

C. - Consent Agenda

BC2026-102

(See related items for proposed purchases for the week of 3/2/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-15

(See related list of Contracts up to \$10,000.00 - processed and executed for the week of 3/2/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT