



**Cuyahoga County Board of Control Agenda
Monday, March 9, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
4th Floor, Committee Room B**

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 3/2/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-103

Department of Public Works, Division of Public Utilities, submitting an amendment to a grant agreement with The U.S. Department of Energy for the Euclid Microgrid Design Project in connection with the Grid Infrastructure Deployment and Resilience Program for the period 3/1/2024 – 2/28/2026, to extend the time period to 6/30/2027, to modify and/or replace various attachments including Terms and Conditions and Budget attachments, and to decrease the Cost Share and Total Award Value by \$543,183.00.

Funding Source: (50%) \$1,500,000.00 Cost Share from Compass Energy Platform and (50%) \$1,500,000.00 from U. S. Department of Energy

BC2026-104

Department of Public Works, submitting an amendment to Contract No. 4928 with Relocation Specialists, Inc. for professional services for transition planning, move coordination and management services including but not limited to movement of furniture and fixtures from various County facilities, for the period 11/5/2024 – 11/4/2027 for additional moving services and to expand the scope to include additional departments, and for additional funds in the amount not-to-exceed \$516,843.00, which includes a contingency reserve of \$25,000.00, effective upon signatures of all parties.

Funding Source: Capital Project – General Fund

BC2026-105

Department of Housing and Community Development, submitting an amendment to Contract No. 4943 with Community Housing Solutions to provide home repair grants and loans to eligible homeowners for the Homeowner Repair Program for the period 10/1/2024 – 9/30/2026 to expand the scope of services to add sewer tie-in assistance services and for additional funds in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties.

Funding Source: Community Development Block Grant

BC2026-106

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to Bynder LLC in the amount not-to-exceed \$14,169.33 for renewal of Gather Content Transform annual subscription for the period 5/11/2026 – 5/10/2027.
- b) Recommending an award and enter into Purchase Order No. 26000707 with Bynder LLC in the amount not-to-exceed \$14,169.33 for renewal of Gather Content Transform annual subscription for the period 5/11/2026 – 5/10/2027.

Funding Source: General Fund

BC2026-107

County Prosecutor’s Office, recommending an award on Purchase Order No. 26000682 with The Ohio State University dba OARnet in the amount not-to-exceed \$98,894.88 for VMware Cloud Foundation Edge software subscription and support services for the period 10/12/2026 - 7/30/2029.

Funding Source: General Fund

BC2026-108

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, recommending an award and enter into Agreement No. 5809 with Cuyahoga County Board of Health in the amount not-to-exceed \$216,000.00 for Child Fatality Review Board services for the period 1/1/2026-12/31/2027.

Funding Source: Health and Human Services Levy Fund

BC2026-109

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4574 with Bitfocus, Inc. for various Clarity products, licenses and services for operation of the Homeless Management Information System for the period 1/1/2025 - 12/31/2029 for use by the County and its Continuum of Care providers to purchase additional licenses as outlined in Exhibit I-C and for additional funds in the amount not-to-exceed \$81,800.00, effective 1/1/2026.

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

C. – Exemptions

BC2026-110

Department of Health and Human Services/Division of Children and Family Services, requesting an alternative procurement process to make award recommendations to various licensed providers as listed below and enter into a single Master Contract for Out-of-home care placement services in the total anticipated amount not-to-exceed \$195,000,000.00 for the period 4/1/2026 – 3/31/2029:

1. Vendors selected by a modified formal solicitation (RQ16303) from approved alternative procurement BC2025-676.
2. Vendors selected by a re-issued modified solicitation (RQ16323).
3. Vendors with children in DCFS custody currently placed at their facilities.

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

D. – Consent Agenda

BC2026-111

Department of Public Works, submitting an amendment to Contract No. 3299 with Perk Company, Inc. for resurfacing of Hilliard Road (CR-69) from Warren Road to Riverside Drive in the City of Lakewood in connection with the 2021-2024 Transportation Improvement Program for a decrease in the amount of (\$1,607.00); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 50% \$5.00 Motor Vehicle License Tax Fund and 50% Municipality

BC2026-112

Fiscal Department, presenting proposed travel/membership requests for the week of 3/9/2026:

Dept:	Sheriff's Department							
Event:	FBI-LEEDA Annual Training Conference							
Source:	FBI-LEEDA							
Location:	Fort Lauderdale, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Chris Kozub	5/31/2026-6/4/2026	\$600.00	\$300.00	\$1,750.00	\$500.00	\$550.00	\$3,700.00	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

To attend educational and leadership conferences to learn best practices in law enforcement. This conference will also allow networking opportunities with other law enforcement professionals from across the United States.

Dept:	Department of Public Safety and Justice Services							
Event:	2026 National VOAD Conference (Visionaries is the theme)							
Source:	National Voluntary Organizations Active in Disasters (NVOA)							
Location:	Reno, NV							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Serena Steele	5/3/2026-5/8/2026	\$575.00	\$224.00	\$1,196.50	\$445.20	\$800.00	\$3,240.70	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

National VOAD (Voluntary Organizations Active in Disasters), an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination, and collaboration; and fosters more effective delivery of services to communities affected by disaster. National VOAD is a non-profit association of over 60 voluntary disaster relief organizations. In addition, National VOAD has an affiliate in every State and Territory, called State VOADs. These State VOADs are the best way to get involved with disaster relief efforts in your area. National VOAD hosts its annual conference. This year’s conference is May 4-7, 2026, in Reno NV and is titled Visionaries. The County's Office of Emergency Management manages the County's volunteer agency initiative Community Organizations Active in Disaster (COAD) which consist of agencies/departments that assist the County during emergencies and incidents. COAD/VOAD was also instrumental with developing the County's Long Term Recovery Plan (LTR)

BC2026-113

Department of Purchasing, presenting proposed purchases for the week of 3/9/2026:

Direct Open Market Purchases
(Purchases between \$10,000.01 - \$200,000.00 unless requiring assistance from the Department of Purchasing – See Below):

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
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26000849	Various parts for GapVax Truck	Department of Public Works	Hicks Municipal & Industrial LLC	Not-to-exceed \$18,000.00	Sanitary Sewer Fund
26000877	Annual purchase of (1,200) cases clear can liners	Sheriff's Department	Central Poly-Bag Corporation	\$19,992.00	General Fund
26000848	(29) Portable P25 Radios for Cuyahoga Community College (Tri-C) Police Department	Department of Public Safety and Justice Services	Cleveland Communications, Inc.	\$63,604.51	FY24 Urban Area Security Initiative (UASI) Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000777	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$69,750.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000791	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	Excel Beyond Limits	\$15,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000806	Out-of-home care placement services for the period 1/1/2026-1/31/2026 *	Division of Children and Family Services	Safely Home Inc.	\$16,437.75	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

*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)

ION2026-16

Department of Public Works, submitting an amendment to a Grant Agreement with U. S. Department of Energy/Office of State and Community Energy Programs for the Solar for Schools Program in connection with Energy Efficiency and Conservation Block Grant Program (EECBG) for the period 1/1/2024 – 12/31/2025, to extend the time period to 12/31/2026; no additional funds required, effective 1/1/2024.

Funding Source: Energy Efficiency and Conservation Block Grant Program – Bipartisan Infrastructure Law 2021

ION2026-17

Sheriff's Department:

- a) Requesting authority to apply for grant funds from The Ohio Attorney General's Office in the amount of \$134,240.00 to improve outcomes for substance-addicted inmates in Ohio jails in connection with the 2025 Opioid Remediation Grant effective upon receipt of funding by the Recipient and end 1 year from issuance of grant funding.
- b) Submitting a Memorandum of Understanding with The Ohio Attorney General's Office in the amount of \$134,240.00 to improve outcomes for substance-addicted inmates in Ohio jails in connection with the 2025 Opioid Remediation Grant effective upon receipt of funding by the Recipient and end 1 year from issuance of grant funding.

Funding Source: Ohio Attorney General

ION2026-18

Department of Public Safety and Justice Services, submitting an amendment to a Grant Agreement with Ohio Emergency Management Agency for the FY2024 Urban Area Security Initiative Grant Program for the period 9/1/2024 – 12/31/2026, to extend the time period to 5/31/2027; no additional funds required.

Funding Source: FY24 Urban Area Security Initiative Grant Program

ION2026-19

Department of Health and Human Services/Division of Senior and Adult Services, submitting a grant agreement with Western Reserve Area Agency on Aging in the amount not-to-exceed \$21,043.61 for the HOME Energy Assistance Program effective upon signatures of all parties through 8/31/2026.

Funding Source: SFY2026 HOME Energy Assistance Program (HEAP) Outreach Grant

ION2026-20

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a grant agreement with U.S. Department of Housing and Urban Development for Continuum of Care Coordinated Entry System in connection with FY2024 Continuum of Care Homeless Program Competition grant for the period 2/1/2025 – 1/31/2026 to extend the time period to 7/31/2026, no additional funds required.

Funding Source: Funding Source: 75% U.S. Department of Housing and Urban Development Continuum of Care Program and 25% Cash Match (Health and Human Services Levy Fund)

ION2026-21

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
8219	5959 (fka 2276)	Chagrin Valley Engineering, Ltd.	For general sanitary engineering services	\$0.00	Department of Public Works	5/10/2022-2/28/2026; to extend the time period to 2/28/2027	(Original) Sanitary Operating Fund	(Executive) 3/2/2026 (Law) 3/4/2026
NA	4966	PenWill Group, LLC	For technical assistance, administrative support for the Office of Small Business and outreach support to Small Business Entities; to change and replace the terms of Exhibit B and Schedule 1, effective upon signatures of all parties.	\$0.00	Department of Development	12/24/2024-12/23/2025; to extend the time period to 6/30/2026	(Original) Economic Development Fund	(Executive) 3/2/2026 (Law)
6211 & 7102	Master Amend Contract No. 5635	White Deer Run, LLC dba Cove Prep	Out of Home Care Services; to add White Deer Run, LLC dba Cove Prep, effective upon signatures of all parties.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 3/2/2026 (Law) 3/4/2026
6211 & 7102	Master Amend Contract No. 5949	Lakeland Hospital Acquisition, LLC dba Lakeland Behavioral Health System	Out of Home Care Services; to add Lakeland Hospital Acquisition, LLC dba Lakeland Behavioral Health System, effective upon signatures of all parties.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 3/2/2026 (Law) 3/4/2026
6211 & 7102	Master Amend Contract No. 6001 (fka 4296)	RTC Resource Acquisition Corporation dba Residential Treatment Center	Out of Home Care Services; to add RTC Resource Acquisition Corporation dba Residential Treatment Center, effective upon signatures of all parties.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2022-3/31/2026	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 3/2/2026 (Law) 3/4/2026

NA	Master Amend Contract No. 5938	Joy Adoption Services	Adoption Services; to add Joy Adoption Services, effective upon signatures of all parties.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2025-12/31/2026	(Original) State Child Protection Allocation	(Executive) 3/2/2026 (Law) 2/25/2026
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

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

I – CALL TO ORDER

The meeting was called to order at 11:01 a.m.

Attending:

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

II. – REVIEW MINUTES – 2/23/2026

Michael Chambers motioned to approve the minutes from the February 23, 2026, meeting; Paul Porter seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-88

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

Eric Mack, Department of Public Works, presented. Michael Chambers asked when construction will begin. Robert Schleper commented this is in his district and he drives over this bridge every morning on

his way down here; asked when we're looking at this, do we take into consideration other pieces like the area's infrastructure and the road outside of the parameters of the bridge; asked or of the ability to put sidewalks in, things like that; asked when the engineering piece is being done do they take into consideration those pieces where there may be a future sidewalk or roads needing resurfacing at the same time, things like that. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-88 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-89 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. Michael Chambers asked is this a requirement. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-90 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. Michael Houser asked is the counseling services for a specific population or if anyone can take advantage of it; asked how we are getting the word out that these services are available. Robert Schleper commented that this is about \$500,000.00; asked if this amount is to pay the individuals that are providing the counseling services or an amount going to

Benjamin Rose to kind of support the center. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-91 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-92 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-93 was approved by unanimous vote.

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

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-94 was approved by unanimous vote.

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

Robert Watson, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Laura Black seconded. Item BC2026-95 was approved by unanimous vote.

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

Robert Watson, Court of Common Pleas/Juvenile Court Division, presented. Michael Chambers asked if we had a similar item a couple of weeks ago. Michael Houser commented this is a great service and it is an excellent price; asked what type of services are available and whether it's available to all the youths. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-96 was approved by unanimous vote.

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

Tanisha Gates, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-97 was approved by unanimous vote.

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.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-98 was approved by unanimous vote.

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.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-99 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-100 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-101 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-102; Laura Black seconded. The Consent Agenda Items were approved by unanimous vote.

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 Corrections Center; to postpone the pricing adjustments for the minimum required price increases until July 1, 2026, effective upon signatures of all parties.	\$0.00	Sheriff's Department	1/1/2025-12/31/2027	(Original) General Fund	(Executive) 2/19/2026 (Law) 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	\$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

			Education (ACGME) accreditation.					
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VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:20 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-103

TITLE	U.S. Department of Energy, Congressionally Directed Spending for Euclid & Brooklyn Microgrids – Grant Extension #1
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	U.S. Department of Energy, Congressionally Directed Spending	3/1/2024 – 2/28/2026	\$1,500,000.00	4/1/2024	BC2024-246
AMENDMENT (A-1)	U.S. Department of Energy, Congressionally Directed Spending	3/1/2024 – 6/30/2027	No additional funds	Pending	Pending
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	The Department of Public Works is submitting an extension for a U.S. Department of Energy congressionally directed earmark to support the planning and development of two municipal front-of-meter microgrid projects within Cuyahoga County: one in the City of Euclid and one in the City of Brooklyn. This grant amendment extends the end date of the earmark to June 30, 2027, and reduces the required cost share from \$2,043,183.00 to \$1,500,000.00.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Microgrid districts will enable multiple commercial/industrial/manufacturing customers and surrounding community loads to be off takers of the system and will ensure that if the larger electrical grid goes down due to weather, cyber-attacks, larger grid negligence, age, or other factors; off-takers will be able to maintain power for their facilities and operations.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Compass Energy Platform 4000 Division St. Los Angeles, CA 90065
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Rick Bolton, Chief Executive Officer
SUBRECIPIENT’S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	\$700,050.00

PROJECT COUNCIL DISTRICT:	11, 3
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Euclid, Brooklyn

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Energy Congressionally Directed Spending Earmark No. DE-GD0000866
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

	The cost share, or cash match in this instance, of \$1.5 million is being fulfilled by Compass Energy Platform at no cost to Cuyahoga County.
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BC2026-104

Title	2026 Amendment #1 for Transition Planning & Move Management Services for Cuyahoga County, additional funds of \$516,843.00, RFQ #14627
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4928	Relocations Specialists, Inc.	11/5/2024-11/4/2027	\$265,895	11/4/2024	BC2024-794
A-1	4928	Relocations Specialists, Inc.	11/5/2024-11/4/2027	\$516,843	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.
 The selected consultant will provide professional transition planning and move management services to the Cuyahoga County Department of Public Works for the move of office personnel, furniture, etc. to/from several buildings to and including, but not limited to the Board of Elections, VEB and HHS.

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 Transition Planner and Move Management provider shall provide expert consultation to the County, facility Users and their associated support departments/agencies and other County members as described in the RFQ. The Transition Planner will plan, schedule, and coordinate all aspects of the relocations from the current facilities to the future facilities.

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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Relocation Specialists, Inc. PO Box 19575 Elm Drive Strongsville, Ohio 44136	Shelia Pesarchick- President
Vendor Council District: 5	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u> 14627 </u> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: August 5, 2024	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) 14 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (20%) SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
 (100%) Capital Project – 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.
 PW600100-55130-CFSUP0000103

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

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

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

HISTORY (see instructions): - see above

BC2026-105

Title	Department of Housing and Community Development/ Amendment 1/ Community Housing Solutions	
Department or Agency Name	Department of Housing and Community Development	
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):	

O	4943	Community Housing Solutions	10/1/2024 – 9/30/2026	\$500,000.00	11/12/2024	BC2024-815
A-1	4943	Community Housing Solutions	10/1/2024 – 9/30/2026	\$200,000.00	Pending	Pending

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

The Department of Housing and Community Development is requesting approval of an amendment to the contract with Community Housing Solutions per the chart above to add funding in the amount not to exceed \$200,000.00. Also, the terms of the contract are being amended as well, adding sewer tie-in assistance to the services provided by the Subgrantee.

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide home repair assistance to low-income homeowners.

Support low-income residents so that their home can remain a financial asset to the owners as well as an asset in their neighborhood.

Leverage home repair funding for deeper community impact.

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):
Community Housing Solution 12114 Larchmere BLVD. Cleveland, Ohio 44120	Pam Schuellerman Executive Director
Vendor Council District: 10	Project Council District: County-wide
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. *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) RFP
	<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.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Community Development Block Grant funding.
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.
 HC223165

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

BC2026-106

Title	PO26000707EXMT-2026- Renewal of Gather Content Transform Annual 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.
	PO26000707 EXMT	BYNDER LLC	5/11/2026-5/10/2027	\$14,169.33	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 Bynder, LLC., for the time period May 11, 2026 through May 10, 2027 for Gather Content Transform Annual Subscription in the amount of \$14,169.33.

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 objective of this project is to renew the GatherContent Transform Annual Subscription. GatherContent is a content operations platform that supports the Department of Information Technology’s web and multimedia teams in creating high-quality content more efficiently and at scale. The platform enables structured content production across the organization in real time, centralized within a single hub, thereby enhancing productivity, consistency, and overall content organization.

GatherContent is a Cuyahoga County Information Technology standard and is currently utilized by the IT Department.

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):
BYNDER LLC 321 Summer Street, Floor 1 Boston, MA 02210	Ali Watson 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. Bynder, LLC. is the manufacturer and does not use resellers for their software, therefore an informal bid process would not produce additional quotes. GatherContent is a Cuyahoga County Information Technology standard and is currently utilized by the IT Department. This is a renewal *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: 1/16/2025
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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: 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.
	PO25001554 EXMT	BYNDER, LLC	5/11/2025-5/10/2026	\$12,852.00	5/5/2025	BC2025-295

BC2026-107

Title	Request for PO 26000682 GOVP with OARnet for VMware Cloud Foundation license (3-yr subscription)
Department or Agency Name	County Prosecutor's Office
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.
0	26000682 GOVP	OARnet	10/12/2026 – 7/30/2029	\$98,894.88	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 County Prosecutor’s Office is requesting approval of a purchase order with OARnet for the purchase of a 3-year subscription VMware virtualization software and support for the Prosecutor’s network infrastructure, for the anticipated cost of \$98,894.88. VMware is a cloud computing virtualization platform that includes a set of infrastructure virtualization products, with ESXi hypervisor and vCenter functioning as its core components. VMware VSphere allows you to easily create and manage multiple virtual machines (VMs), distribute workloads across clouds and devices, provide on-demand scalability, ensure data security, and build a virtual environment that can comply with our specific business needs. The server virtualization software allows for one physical server to be subdivided into 1-30 unique virtual server machines. This software maximizes one’s ability to partition off a physical server to appear as if it is multiple servers and size the resources by need. This maximizes each physical investment to use all of its available resources, helps reduce energy consumption in a datacenter by having less servers, less power consumption, less physical things to support, and increases up time in the event of a hardware failure.

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: N/A How will replaced items be disposed of

Project Goals, Outcomes or Purpose (list 3):

The primary goal of this project is to enhance failover and disaster recovery capabilities for the County Prosecutor’s Office. This product is also currently used by the County Department of IT.

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):
OARnet 1224 Kinnear Road Columbus, OH 43212	Kim Ferguson, Business Relationship Manager
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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 procurement method is Government Purchase

	*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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	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. 100% Prosecutor's General Fund - PS100100
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. PS100100 only
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.
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.
	21003603 STAC	MNJ Technologies Direct, Inc.	10/04/2021 - 10/03/2022	\$19,648.51	10/12/2021	BC2021-548
	22004205 STAC	MNJ Technologies Direct, Inc.	10/04/2022 – 10/03/2023	\$35751.75	10/11/2022	BC2022-599

BC2026-108

Title	RQ# NA – 2026 – Cuyahoga County Board of Health – Government Purchase Agreement – Child Fatality Review Board Services
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 type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Government Purchase Agreement

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5809	Cuyahoga County Board of Health	1/1/2026-12/31/2027	\$216,000.00	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 Office of Early Childhood Invest in Children is requesting approval of a government purchase agreement in the amount of \$216,000.00 to Cuyahoga County Board of Health for the Child Fatality Review Board Services for the time period of 1/1/2026 – 12/31/2027.

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

All unexpected and potentially preventable child deaths receive an individual and in-depth case review by the Child Fatality Review Committee to better understand the circumstances that led to the death and to make informed recommendations for system changes and programs that could prevent similar deaths in the future. The Cuyahoga County Board of Health implements the day-to-day operation of this board and process, under the active leadership of the Office of Early Childhood Performance Period: 1/1/2026-12/31/2027.

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

Project Goals, Outcomes or Purpose (list 3):

- Provide leadership and staffing services to the Child Fatality Review Committee.
- Use standardized information gathering techniques to help determine secondary causes of death and other contributing factors and work with the Cuyahoga County Medical Examiner to collect data on all sudden and suspicious child deaths
- Develop recommendations for action based on case review findings and identify opportunities for immediate action through committee members, when appropriate.

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. Governmental Purchase - 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 checked="" type="checkbox"/> Government Purchase (CM 5809) <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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. \$216,000.00 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:	9/29/25
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):						
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	3723	Cuyahoga County Board of Health	1/1/2024-12/31/2025	\$240,000.00	1/1/2024	BC2024-23

BC2026-109

Title	OHS; Bitfocus, Inc; 2026 Amendment 3 for Homeless Management Information System Services
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4574	Bitfocus, Inc	1/1/25 – 12/31/29	\$495,000.00	7/1/24	BC2024-499
A-1	4574	Bitfocus, Inc	1/1/25 – 12/31/25	\$81,800.00	3/10/25	BC2025-174

A-2	4574	Bitfocus, Inc	1/1/25-12/31/29	\$190,351.40	8/5/2025	BC2025-505
A-3	4574	Bitfocus, Inc	1/1/26-12/31/29	\$81,800.00	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.

Bitfocus provides the system administration for Clarity, which operates the Homeless Management Information System (HMIS) for the Cuyahoga County Continuum of Care. HUD requires all CoCs to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. The data collection in HMIS informs needs analyses and allows the CoC to establish funding priorities.

This is the third amendment to add funds in the amount of \$81,800.00 for additional licenses which are purchased in one-year increments. There is no change to the contract scope or term.

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):
Collect, document, and generate data reports on services and housing provided to homeless persons.
Analyze data to provide aggregated client demographics and project outcome reports.
Provide specialized reporting capacity to OHS, including planning and utilizing Coordinated Entry functionality, data cleanup, data analysis support, and custom development.

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: Bitfocus 5940 South Rainbow Blvd. Suite 400 Las Vegas, Nevada 89118	Owner, executive director, other (specify): Jeff Ugai, Chief Operating Officer
Vendor Council District: 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	N/A - Adding funds to a five-year contract *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) Contract was awarded as exemption. Bitfocus/Clarity was added to the IT standards list so we would not want to competitively procure.
	<input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	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. U.S. Department of Housing and Urban Development Planning Grant (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. HS220115/55130/HS-26-COC-PLAN
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. While Bitfocus is continuously operating Clarity under the five-year contract, this project will begin in sequence after the 2nd amendment expiration on 12/31/25.	
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: Due to delay in receiving the grant from HUD	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/3/2025
Date documents were requested from vendor:	11/13/25
Date of insurance approval from risk manager:	2/12/25
Date Department of Law approved Contract:	2/4/26
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input 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

C.- Exemptions

BC2026-110

TITLE	Alternative Procurement for 2026 Out of Home Care Placement
DEPARTMENT OR AGENCY NAME	Department of Health and Human Services/ Division of Children and

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
	10/27/2025	BC2025-676

DESCRIPTION/ EXPLANATION OF REQUEST:	DCFS has provided a wide range of out of home care services to youth in the custody of the agency. The continuum of services ranges from least restrictive and less intensive to more restrictive and more intensive and is based on the assessed needs of the youth placed in care. In September 2025, there were approximately 2,120 youth in out of home care. Of those, 62% are African American, 66%
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	<p>are under the age of 13, and males and females are split at roughly 50%.</p> <p>DCFS is committed to providing services that are targeted to and promote the best interests of each child who enters care. The agency believes that each child must be served in a manner that supports healthy physical and emotional development leading to optimal well-being.</p> <p>Department of Health and Human Services/Division of Children and Family Services, requesting an alternative procurement process to make award recommendations to various licensed providers as listed below and enter into a single Master Contract for Out-of-home care placement services in the total anticipated amount not-to-exceed \$195,000,000.00 for the period 4/1/2026 – 3/31/2029:</p> <ol style="list-style-type: none"> 1. Vendors selected by a modified formal solicitation (RQ16303) from approved alternative procurement BC2025-676 2. Vendors selected by a re-issued modified solicitation (RQ16323) 3. Vendors with children in DCFS custody currently placed at their facilities
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FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	65 % Health and Human Services Levy 35 % Federal Title IV-E

BC2026-111

Title	Hilliard Road Resurfacing Amendment #4 (Final)	
Department or Agency Name	Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3299	Perk Company, Inc.	N/A	\$ 2,560,100.42	May 23 rd , 2023	R2023-0137
A-1	3299	Perk Company, Inc.	n/a	\$0	December 4 th , 2023	Item No. 1
A-2	3299	Perk Company, Inc.	n/a	\$218,215.87	March 4 th , 2024	BC2024-169
A-3	3299	Perk Company, Inc.	n/a	\$119,531.43	September 22 nd , 2025	BC2025-593
A-4	3299	Perk Company, Inc.	n/a	(\$1,607.00)	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 project involves the rehabilitation of 1.44 miles of Hilliard Road (CR-69) a two-lane roadway, from Riverside Drive to Warren Road in the City of Lakewood. It includes addition of bike facilities, full depth pavement repair, partial depth pavement repair, resurfacing with asphalt concrete, new drainage structures, and new signing and pavement markings.

This amendment is the 4th and final amendment to decrease the amount for Ref. No. 128: Required Drainage Alterations.

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): see above

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):
Perk Company, Inc. 3740 Carnegie Ave. Bldg. A STE 301 Cleveland, OH 44115	Anthony Cifani - President

Vendor Council District: 7	Project Council District: 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	Lakewood, Ohio

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ#11914 <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 3/21/2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$2,420,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 3 / 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 (%): (8) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 50% 5.00 Motor Vehicle License Tax Fund 50% Municipality
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. PW605100
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. 100% complete
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): 12/3/2025
Date documents were requested from vendor: 12/18/2025
Date of insurance approval from risk manager: 2/24/2026
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

D. - Consent Agenda

BC2026-112

(See related items for proposed travel/memberships for the week of 3/9/2026 in Section D above).

BC2026-113

(See related items for proposed purchases for the week of 3/9/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-16

TITLE	U.S. Department of Energy, Energy Efficiency and Conservation Block Grant (EECBG) – Grant Extension #1
DEPARTMENT OR AGENCY NAME	Department of Public Works/Division of Public Utilities

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). <input checked="" type="checkbox"/> Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Energy Efficiency and Conservation Block Grant (EECBG)	1/1/2024 – 12/31/2025	\$557,250.00	3/18/2024	CON2024-27
AMENDMENT (A-1)	Energy Efficiency and Conservation Block Grant (EECBG)	1/1/2024 – 12/31/2026	No additional funds	Pending	Pending
AMENDMENT (A-)					

DESCRIPTION/EXPLANATION OF THE GRANT:	The Department of Public Works is submitting an extension for a U.S. Department of Energy grant to support the Cuyahoga County Solar for Schools Program. The Solar for Schools Program will provide financial support to two Cuyahoga County school districts in environmental justice communities to collectively install between 500 kW and 1 MW of solar.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Reduce electricity costs for schools as well as regional greenhouse gas emissions.</p> <p>Increase equitable access to clean, local renewable energy.</p>

	Create a replicable procurement model for future solar installations.
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GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Cleveland Metropolitan School District 1111 Superior Ave E, Suite 1800 Cleveland, OH 44114
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Dr. Warren G. Morgan II, Chief Executive Officer
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$204,500.00

SUBRECIPIENT’S NAME AND ADDRESS:	Maple Heights City School District 5740 Lawn Avenue Maple Heights, OH 44137
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Olympia Della Flora, Superintendent
SUBRECIPIENT’S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$321,250.00

PROJECT COUNCIL DISTRICT:	3, 8
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Max S. Hayes High School 2211 West 65th Street Cleveland, OH 44102 Maple Heights High School 1 Mustang Way Maple Heights, OH 44137

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Energy Efficiency and Conservation Block Grant Program – Bipartisan Infrastructure Law 2021
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-17

TITLE	Sheriff’s Department on behalf of the McDonnell Center and the Oriana House, Inc.; Ohio Attorney General; Opioid Remediation
DEPARTMENT OR AGENCY NAME	Sheriff’s Department

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	OAG Opioid Remediation MOU (with the McDonnell Center)	12/19/25 - 12/19/26	\$134,240.00	PENDING	PENDING
AMENDMENT (A-)					

<p>DESCRIPTION/ EXPLANATION OF THE GRANT:</p>	<p>Opioid Remediation Grant Award to the Sheriff’s Department to serve as a passthrough to expend State of Ohio Opioid settlement funds to the McDonnell Center, operated by Oriana House, Inc.</p> <p>The original MOU lacked the Executive’s signature line; the first amendment to the MOU corrects this issue and has been inserted into the MOU being submitted for approval. The amendment does not change any of the information contained in the original MOU.</p> <p>Grant funding is to be used by Oriana House, Inc. to hire staff for in-custody treatment, support post-release transitions, and reduce recidivism.</p>
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	In 2025, Opioid Settlement Fund grantee eligibility was extended beyond county jails to include 13 community-based correctional facilities (CBCF). CBCFs are residential diversion programs. Ohio Attorney General Opioid Remediation grants are part of the larger, multi-year settlement funds secured by the Attorney General's Office to fight the opioid epidemic.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Reduce the impact of substance use in Cuyahoga County by closing gaps in care during transition from jail release and CBCF intake.
	Reduce the impact of substance use in Cuyahoga County by decreasing withdrawal complications and overdose risk.
	Reduce the impact of substance use in Cuyahoga County by increasing the proportion of eligible individuals to continue/initiate Medication Assisted Treatment (MAT) during CBCF intake.

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	The McDonnell Center, operated by Oriana House, Inc.
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER (specify) FOR THE CONTRACTOR/VENDOR	James Lawrence CEO /President Oriana House, Inc.
SUBRECIPIENT'S COUNCIL DISTRICT:	Cuyahoga County Council District 8
DOLLAR AMOUNT ALLOCATED:	\$134,240.00

PROJECT COUNCIL DISTRICT:	All Cuyahoga County Council Districts can potentially benefit from this project.
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All municipalities located in Cuyahoga County may be impacted by this project.

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

ION2026-18

TITLE	First Amendment – FY2024 Urban Area Security Initiative (UASI)
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY24 Urban Area Security Initiative (UASI)	9/1/2024 – 12/31/2026	\$1,402,946.00	02/03/2025	CON2025-05
AMENDMENT (A-1)		9/1/2024 – 5/31/2027		Pending	

<p>DESCRIPTION/EXPLANATION OF THE GRANT:</p>	<p>Urban Area Security Initiative (UASI) grant provides funds for the Cleveland UASI to prepare for, prevent, mitigate, and recover from terrorist events. The grant supports first responder training/exercise, personnel, planning and equipment, as determined by the Cuyahoga County Emergency Services Advisory Board (CCESAB).</p>
<p>PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):</p>	<p>The primary goals of the project are 1) to support county preparedness of first responders to terrorist events through the purchase of equipment, and 2) provide funding and support for training and exercises for first responders preparedness for terrorist events.</p>
	<p>This First Amendment extends only the performance period of the grant to 5/31/2027</p>

	From the initial award end date of 12/31/2026. The grant is being extended to allow contracts being procured through the grant to have one-year terms and still be within the grant performance period.
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GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	FY24 Urban Area Security Initiative Grant Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-19

TITLE	DIVISION OF SENIOR AND ADULT SERVICES (DSAS); WESTERN RESERVE AREA AGENCY ON AGING – 2025-2026 HOME ENERGY ASSISTANCE PROGRAM (HEAP) GRANT; Upon Execution -
DEPARTMENT OR AGENCY NAME	Division Of Senior and Adult Services (DSAS)

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).

	<p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Western Reserve Area Agency on Aging	Upon Signature – 8/31/2026	\$21,043.61	4/21/2025	Item No. 3 CON2025-34
AMENDMENT (A-1)					
AMENDMENT (A-)					

<p>DESCRIPTION/ EXPLANATION OF THE GRANT:</p>	<p>Division of Senior and Adult Services requesting approval of a grant from Western Reserve Area Agency on Aging in the amount of \$21,043.61. The grant period is Upon Signature - 8/31/2026.</p> <p>HEAP Outreach funds will be used to implement the Low-Income Home Energy Assistance Program Outreach Plan.</p> <p>DSAS will provide outreach, information and assistance in completing assistance applications for the winter regular HEAP program and for the Summer Crisis Program to individuals who are 60 years of age and older or have disabilities; this includes mailings and flyers to targeted audiences, such as Senior Farmer’s Market and Meals On Wheels recipients; in person presentations; and attendance at group outreach events such as health and wellness fairs.</p>
<p>PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):</p>	<p>To distribute HEAP applications to seniors</p> <p>To assist seniors with completing and submitting HEAP applications.</p>

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Chief Executive Officer, Dr. Douglas Beach, Ph.D Western Reserve Area Agency on Aging 1700 East 13 th Street, Suite 114 Cleveland, OH 44114
SUBRECIPIENT’S COUNCIL DISTRICT:	Council District 7
DOLLAR AMOUNT ALLOCATED:	\$21,043.61

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	100% SFY2026 HOME Energy Assistance Program (HEAP) Outreach Grant
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-20

TITLE	Coordinated Entry Grant- FY24 Homeless Continuum of Care- Amended for Time Extension
DEPARTMENT OR AGENCY NAME	Office of Homeless Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No
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*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Coordinated Entry	2/1/25-1/31/26	\$1,013, 070	5/19/2025	BC2025-332
AMENDMENT (A-1)	Coordinated Entry	2/1/25-1/31/26	\$1,000, 000	7/21/2025	BC2025-466
AMENDMENT (A-2)	Coordinated Entry	2/1/2026-7/31/2026	\$0.00	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>OHS received a Coordinated Entry grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. The notification of award indicated \$1,013,070, which is what was approved on 5/19/25. At that time, we did not have a grant agreement for signature. We have since received the grant agreement, and it reflects a higher amount as indicated above. This is due to OHS being approved for a Coordinated Entry expansion grant for \$1,000,000. We had anticipated that this would be a separate grant, but HUD combined them into one grant agreement. The project goals remain the same. OHS has not yet identified subrecipients for the additional allocation.</p> <p>HUD requires each Continuum of Care to establish and operate a centralized or coordinated assessment system referred to as coordinated entry to ensure the prioritization of limited resources toward those most in need. This system is designed to improve efficiency, fairness, and accessibility of crisis response systems within the CoC. Locally this grant funds Coordinated Intake access, assessment, and administration, as well as housing navigation.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<table border="1" style="width: 100%;"> <tr> <td>Ensure equitable and streamlined access to housing and services</td> </tr> <tr> <td>Prioritize assistance for those with the greatest need</td> </tr> <tr> <td>Improve system-wide efficiency and data-informed decision-making</td> </tr> </table>	Ensure equitable and streamlined access to housing and services	Prioritize assistance for those with the greatest need	Improve system-wide efficiency and data-informed decision-making
Ensure equitable and streamlined access to housing and services				
Prioritize assistance for those with the greatest need				
Improve system-wide efficiency and data-informed decision-making				

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

SUBRECIPIENT'S NAME AND ADDRESS:	Mental Health Services for Homeless Persons, Inc DBA FrontLine Service
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Corrie Taylor, Executive Director 1744 Payne Ave Cleveland, OH 44114
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$343,835.50
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	United Way of Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Sharon Sobol Jordan, President and CEO 1331 Euclid Ave Cleveland, OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$107,690
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga Metropolitan Housing Authority
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jeffrey Patterson, Chief Executive Officer 5715 Woodland Ave Cleveland, OH 44104
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$33,500
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

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GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Lutheran Metropolitan Ministries
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Maria Foschia, Executive Director 4515 Superior Avenue Cleveland, Ohio 44103
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$215,352.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	YWCA Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Helen Forbes-Fields, Executive Director 4019 Prospect Ave Cleveland OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$241,000
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Mental Health Services for Homeless Persons, Inc DBA FrontLine Service
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Corrie Taylor, Executive Director 1744 Payne Ave Cleveland, OH 44114
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$80,122.50
PROJECT COUNCIL DISTRICT:	County-wide

PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide
GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Family Promise of Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jacqueline Salter, Executive Director 3470 E. 152 nd Street Cleveland, OH 44102
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$11,762.50
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT. FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT’S NAME AND ADDRESS:	Journey Center for Safety and Healing
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Anne Face, Executive Director P.O. Box 5466 Cleveland, Ohio 44101
SUBRECIPIENT’S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$11,762.50
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	United States Department of Housing and Urban Development Continuum of Care Program
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	HUD requires a 25% match, totaling \$503,268, which is broken down as follows:

	<p>62.2% Health & Human Services Levy funds in OHS' operating budget (HS260350). This consists of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/25 – CM5246) in the amount of \$160,245 as well as a percentage of OHS staff time totaling \$152,944.</p> <p>37.8% Emergency Solutions Grant. This consists of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/25 – CM5246).</p>
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ION2026-21

(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