



**Cuyahoga County Board of Control Agenda
Monday, March 23, 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 – 3/16/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-126

Department of Public Works, submitting an amendment to Contract No. 1126 with Union Industrial Contractors, Inc. for rehabilitation of Cedar Point Bridge No. 00.49 over the Rocky River located in the Cleveland Metropolitan Park District in the City of North Olmsted for additional funds in the amount not-to-exceed \$326,546.03, effective upon signatures of all parties.

Funding Source: Cuyahoga County Road & Bridge Fund

BC2026-127

Department of Public Works, submitting an amendment to Contract No. 5242 with Industrial Water Management LLC for water mitigation services for the period 3/18/2025 - 3/18/2026 to extend the time period to 3/17/2027, to expand the scope of services in accordance with Exhibit B, and for additional funds in the amount not-to-exceed \$225,885.40, effective upon signatures of all parties.

Funding Source: Capital Project - General Fund

BC2026-128

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 6009) with City of Shaker Heights in the amount not-to-exceed \$500,000.00 for storm and sanitary sewer system maintenance and repair services, effective upon signatures of all parties through 12/31/2026.

Funding Source: Revenue Generating

BC2026-129

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 6041) with City of Berea in the amount not-to-exceed \$400,000.00 for storm and sanitary sewer system maintenance and repair services, located in County Sewer District No. 8 for the period 4/1/2026 – 3/31/2027.

Funding Source: Revenue Generating

BC2026-130

Department of Housing and Community Development recommending an award and enter into Agreement No. 5759 with City of Euclid in the amount not-to-exceed \$203,089.41 for HOME funded activities for the period 5/1/2025 – 12/31/2025.

Funding Source: HOME Investment Partnership Program (Federal)

BC2026-131

Department of Information Technology, recommending an award on Purchase Order No. 26000992 to SHI International Corp. in the amount not-to-exceed \$24,785.76 for a joint cooperative purchase of (1) Scribe Hub Management Module subscription services, (1500) viewer and (10) creator licenses for the period 3/23/2026 – 3/22/2027 for various County agencies.

Funding Source: General Fund

BC2026-132

Department of Information Technology, recommending an award on Purchase Order No. 26000994 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$32,636.00 for a state contract purchase of various Cisco equipment, access points, licenses and subscription services, Smart net total care – extended services and Meraki MR Enterprise Controller licenses for various County facilities.

Funding Source: Capital Improvement Plan

BC2026-133

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Interaction Insight Corporation in the amount not-to-exceed \$19,639.00, for upgrades and enhancements to Eventide voice recording system at the Bedford Heights Police Department.

- b) Recommending an award on Purchase Order No. 25005092 to Interaction Insight Corporation in the amount not-to-exceed \$19,639.00, for upgrades and enhancements to Eventide voice recording system at the Bedford Heights Police Department.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2026-134

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Motorola Solutions Inc. in the amount not-to-exceed \$21,600.00 for relocation of equipment at the Bedford Heights Police Department to accommodate CECOMS equipment.
- b) Recommending an award on Purchase Order No. 26000637 to Motorola Solutions Inc. in the amount not-to-exceed \$21,600.00 for relocation of workstations and equipment at the Bedford Heights Police Department to accommodate CECOMS equipment.

Funding Source: General Fund

BC2026-135

Department of Public Safety and Justice Services on behalf of the Medical Examiner’s Office, submitting an amendment to Contract No. 5683 with Knupp & Watson & Wallman, Inc. d/b/a KW2 for public health communication and education campaign to reduce drug overdose fatalities for the period 10/27/2025 - 8/30/2026 to extend the time period to 9/30/2026, to expand the scope of services in accordance with Exhibit 2 (2026), and for additional funds in the amount not-to-exceed \$85,648.00, effective upon signatures of all parties.

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

BC2026-136

County Executive on behalf of the Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP exemption, which will result in a payment to the Cleveland Food Bank, Inc. aka Greater Cleveland Food Bank in the amount not-to-exceed \$30,000.00 for food purchases made December 23, 2025 during the Federal Government Shutdown.
- b) Recommending an award on Purchase Order No. 26000816 to the Cleveland Food Bank, Inc. in the amount not-to-exceed \$30,000.00 for food purchases made December 23, 2025 during the Federal Government Shutdown.

Funding Source: General Fund

BC2026-137

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 6018) with BHP Management in the amount not-to-exceed \$8,677.00 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for BHP Management residents enrolled or seeking enrollment, for the period 4/1/2026 – 3/31/2027.

Funding Source: Revenue Generating

BC2026-138

Department of Health and Human Services/Division of Children and Family Services, recommending an award on Purchase Order No. 26001057 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$136,190.00 for a state contract purchase of (80) each Dell Pro13 Plus Touchscreen Notebooks and laptop backpacks and (15) Apple iPad Tablets for children transitioning out of foster care.

Funding Source: 100% Health and Human Services Levy Fund subject to 100% reimbursement by TANF-Independent Living Funds.

BC2026-139

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3014 with Young Women’s Christian Association of Greater Cleveland, Ohio dba YWCA Greater Cleveland for operation and case management services at the Norma Herr and Walton Road Women’s Shelters for the period 1/1/2023 - 10/31/2026 to change the terms and to add Exhibit II-D Budget effective for the period 1/1/2026 – 7/31/2026 and for additional funds in the amount not-to-exceed \$241,000.00, effective upon signatures of all parties.

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

BC2026-140

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 3994 with Joseph’s Home dba Joseph and Mary’s Home for temporary housing and medical respite for medically fragile homeless women for the period 1/1/2024-12/31/2025 to extend the time period to 10/31/2026, to change the terms, add Exhibit II-B Budget and for additional funds in the amount not-to-exceed \$140,558.00, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2026-141

Department of Public Works, submitting an amendment to Contract No. 4478 with Terrace Construction Company, Inc. for rehabilitation of East 200th Street from Mohican Avenue to Lakeshore Boulevard in the Cities of Cleveland & Euclid in connection with the 2021-2024 Transportation Improvement Program; no additional funds required, effective upon signatures of all parties.

Funding Source: 61.45% Municipalities, 23% Federal Funding, 13.4% Ohio Public Works Commission, and 2.15% County Motor Vehicle \$5.00 License Tax Fund

BC2026-142

Fiscal Department, presenting proposed travel/membership requests for the week of 3/23/2026:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
County Executive's Office	County Commissioners' Association of Ohio	\$16,839.00	1/1/2026 – 12/31/2026	General Fund

Purpose of Membership:

The County Commissioner's Association of Ohio (CCAO) works to bring the most innovative ideas and efficiencies to local government by providing county commissioners and their staff with the necessary tools to achieve greater economic recovery for each of Ohio's 88 counties. In addition, it serves as a central organization for information and research, for collection, analysis and dissemination of data relating to county governments and to promote sound policies and programs across the state.

Department	Organization	Membership Dues	Dates of Membership	Funding Source
County Executive's Office	National Association of Counties	\$25,296.00	1/1/2026 – 12/31/2026	General Fund

Purpose of Membership:

The National Association of Counties (NACo) strengthens America's counties, serving 40,000 county elected officials and 3.6 million county employees. Founded in 1935, NACo unites county officials to advocate county priorities in federal policy making, promote exemplary county policies and practices, Nurture leadership skills and expand knowledge networks, optimize county and taxpayer resources and cost savings, and enrich the public's understanding of county government.

Dept:	Medical Examiner's Office							
Event:	2026 OD2A Recipient meeting Public Health Responds Overdose							
Source:	Centers of Disease Control and Prevention							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Manreet Bhullar	6/15/2026 - 6/18/2026	\$0.00	\$176.00	\$653.28	\$283.96	\$530.00	\$1,643.24	General Fund reimbursed by OD2A Grant

*Paid to host

**Staff reimbursement

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

Purpose:

The OD2A Recipient Meeting is hosted by CDC for all sites funded by CDC's Overdose Data 2 Action grant. Manreet has one abstract for review as a presentation at this conference discussing findings from the Cuyahoga County's Pilot Drug Checking Program.

BC2026-143

Department of Purchasing, presenting proposed purchases for the week of 3/23/2026:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000962	Installation of (2) Amano McGann Parking Gates, (2) Proximity Card Reader, (2) Universal Lane Controllers and related equipment for two locations: 40 th & Perkins Parking Lot and Medical Examiner's Parking Garage	Department of Public Works	PSX, Inc.	\$20,905.00	Capital Improvement Plan
26001110	(500) Safety blankets for inmates	Sheriff's Department	Bob Barker Company, Inc.	\$22,355.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000958	Out-of-home care placement services for the period 2/1/2026- 2/28/2026 *	Division of Children and Family Services	Excel Beyond Limits	\$14,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26000983	Out-of-home care placement services for the period 2/1/2026- 2/28/2026 *	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$63,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001038	Out-of-home care placement services for the period 1/1/2026-1/31/2026 & 2/1/2026- 2/28/2026 *	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$44,414.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001056	Out-of-home care placement services for the period 11/1/2025-11/23/2025, 12/30/2025-12/31/2025, 1/1/2026-1/31/2026, & 2/1/2026- 2/25/2026 *	Division of Children and Family Services	Alliance Summit Group, LLC	\$91,463.68	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001067	Out-of-home care placement services for the period 2/1/2026- 2/28/2026 *	Division of Children and Family Services	The BridgeWay, LLC	\$27,020.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

26001096	Out-of-home care placement services for the period 2/1/2026- 2/27/2026 *	Division of Children and Family Services	Harbor Point Behavioral Health Center, Inc.	\$24,966.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
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*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)

ION2026-26

Department of Housing and Community Development, submitting an amendment to a grant agreement with State of Ohio Department of Development for various lead renovation, abatement and mitigation services in connection with The Lead Safe Ohio Program for the period 12/1/2023 – 4/30/2026 to extend the time period to 8/31/2026; no additional funds required.

Funding Source: State of Ohio Department of Development

ION2026-27

Sheriff’s Department, recommending to amend Board Approval No. CON2025-88, dated 10/6/2025, which submitted a grant award from Ohio Department of Public Safety/Ohio State Highway Patrol/Ohio Traffic Safety Office in the total amount not-to-exceed \$109,874.58 for various grant programs in connection with the FFY2026 Traffic Safety Grant Program: Selective Traffic & Impaired Driving Enforcement Programs (IDEP/STEP) (Based on Fatal Crash Problem ID) grant for the period 10/1/2025 – 9/30/2026 to correct the total grant amount to \$109,829.58 and the Repeat Offenders for Driving While Intoxicated grant amount to \$50,938.46.

Funding Source: US Department of Transportation, National Highway and Traffic Safety Administration through the Ohio Traffic Safety Office

ION2026-28

Sheriff’s Department, submitting an Affiliation Agreement with Crime Stoppers of Cuyahoga County, Inc. designating Crime Stoppers as the County’s Citizens reward program effective upon signatures of all parties through 9/14/2028 pursuant to Ohio Revised Code section 9.92.

Funding Source: n/a

ION2026-29

Department of Public Safety and Justice Services, submitting an amendment to a grant award from Department of Justice/Office of Community Oriented Policing Services (COPS Office) for Cuyahoga County 911 System Upgrade in connection with FY2024 COPS Office Technology and Equipment Program Invitational Solicitation for the period 3/9/2024 – 3/31/2026 to extend the time period to 3/31/2027; no additional funds required.

Funding Source: U.S. Dept. of Justice, Office of Community Oriented Policing Services

ION2026-30

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	4047	Diversified Air Systems, Inc.	For preventative maintenance program on the new Sullair air compressor systems at the Harvard Garage; to expand the scope of services as outlined in Schedule/Exhibit A, effective upon signatures of all parties.	\$5,845.00	Department of Public Works	3/25/2024 – 3/24/2026; to extend the time period to 3/24/2027	34% Sanitary Sewer, 34% Road and Bridge, 32% General Fund	(Executive) 3/10/2026 (Law) 3/16/2026
NA	6007 (fka 4439)	Village of Bratenahl	For Gateway & Streetscape Improvement Project in connection with the 2024 Community Development Supplemental Grant Program	\$0	Department of Housing and Community Development	3/12/2024 - 2/28/2025; to extend the time period to 12/31/2025	Community Development Supplemental Grant Program	(Executive) 3/17/2026 (Law) 3/17/2026
NA	6026 (fka 3194)	Stella Maris, Inc.	For building renovations at 2270 Professor Avenue, Cleveland for increase in bed capacity in connection with residential treatment services.	\$0.00	Fiscal Office	5/2/2023- 5/1/2024; to extend the time period to 12/31/2026	(Original) General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	(Executive) 3/11/2026 (Law) 3/13/2026
NA	4746	Third Sector Capital Partners, Inc.	For professional and technical services to support the Court and various youth-serving system partners and development of the Care	\$0.00	Court of Common Pleas/ Juvenile Court Division	8/1/2024- 2/28/2026; to extend the time period to 5/31/2026	(Original) Office of Juvenile Justice and Delinquency	(Executive) 3/13/2026

			First Cuyahoga ("CFC") Continuum of Care Program for youth and their families; to modify, replace, and add various terms, and to replace Exhibit A with a new Exhibit A.				Prevention Grant	
NA	5116 (fka 4877)	Practical Solutions for Public Safety	To provide staff analysis to the County Sheriff.	0.00	Sheriff's Department	11/14/2024 –3/14/2026 to extend the time period to 7/31/2026, effective upon signatures of all parties.	(Original) General Fund	(Executive) 3/17/2026 (Law) 3/17/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, March 16, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

The meeting was called to order at 11:00 a.m.

Attending:

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

II. – REVIEW MINUTES – 3/9/2026

Michael Chambers motioned to approve the minutes from the March 9, 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

BC2026-114

Department of Public Works, submitting an amendment to a Revenue Generating Airport Use Maintenance Agreement (via Contract No. 3017) with Swagelok Manufacturing Company, LLC fka Obit Company for use of Cuyahoga County Airport facilities for operation of a private company Aircraft located at Curtiss Wright Parkway, Highland Heights for the period 3/24/1977 - 12/31/2025 to extend the time period to 12/31/2028, to change the terms, and for additional revenue in the amount of \$42,000.00, effective 1/1/2026.

Funding Source: Revenue Generating

Matthew Hrubey, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-114 was approved by unanimous vote.

BC2026-115

Department of Public Works, submitting an amendment to Contract No. 6019 (fka Contract No. 4372) with Anthony Allega Cement Contractor, Inc. for rehabilitation of Garfield Boulevard from Warner Road to Turney Road in the City of Garfield Heights for additional funds in the amount not-to-exceed \$283,210.41.

Funding Source: 48% County Motor Vehicle \$7.50 License Tax Funds, 40% Ohio Public Works Commission, and 12% City of Garfield Heights

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-115 was approved by unanimous vote.

BC2026-116

Department of Public Works, submitting a Revenue Generating Agreement (via Contract No. 5998) with Northcoast Inc. Recycling Specialists in the anticipated amount not-to-exceed \$13,052.70 for Recycling Services and Central Collection Containers for various County Facilities, effective upon signatures of all parties through 12/31/2026.

Funding Source: Revenue Generating

Mellany Seay, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-116 was approved by unanimous vote.

BC2026-117

Fiscal Office, submitting an amendment to Contract No. 5905 (fka Contract No. 2890) with Woolpert, Inc. dba Data Cloud Solutions for CAMACloud Software Platform, hardware, software licenses, maintenance, and support for the period 12/15/2022 - 12/31/2025 to extend the time period to 12/31/2027, to amend and replace various terms of the agreement, to replace the insurance requirements with updated requirements, and for additional funds in the amount not-to-exceed \$541,466.00.

Funding Source: Real Estate Assessment Fund

Domonique Tatum, Fiscal Department, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-117 was approved by unanimous vote.

BC2026-118

County Prosecutor, recommending an award on Purchase Order No. 26000891 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$11,930.00 for a state contract purchase of Veeam Data Platform

Universal, (6) Advanced subscription licenses and (5) VDM Premium subscription upgrades and 1 year of support.

Funding Source: General Fund

Josh Brower, Prosecutor's Office, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-118 was approved by unanimous vote.

BC2026-119

Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting an amendment to Contract No. 4214 with Case Western Reserve University, Begun Center for Violence Prevention, Research and Education for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2023 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 10/1/2023 - 9/30/2026, to expand the scope of services and amend budget terms as outlined in Schedule A, and for additional funds in the amount not-to-exceed \$141,040.00, effective upon signatures of all parties.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-119 was approved by unanimous vote.

BC2026-120

Department of Public Safety and Justice Services

- a) Submitting an RFP exemption, which will result in an award recommendation to Case Western Reserve University in the amount not-to-exceed \$249,625.00 for a comprehensive assessment of crisis response services, effective upon signatures of all parties through 10/31/2026.
- b) Recommending an award and enter into Contract No. 5956 Case Western Reserve University in the amount not-to-exceed \$249,625.00 for a comprehensive assessment of crisis response services, effective upon signatures of all parties through 10/31/2026.

Funding Source: Opioid Settlement Fund

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. Robert Schleper asked what entity or division within Case Western Reserve is doing this research and assessment; just curious if it falls under its research entity or just part of their broader efforts. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-120 was approved by unanimous vote.

BC2026-121

Department of Health and Human Services/Community Initiatives Division/Family and Children First Council,

- a) Submitting an RFP exemption, which will result in an award recommendation to Planned Parenthood of Greater Ohio in the amount not-to-exceed \$220,000.00 for the Teen Pregnancy Prevention Program for the period 1/1/2026 - 12/31/2027.
- b) Recommending an award and enter into Contract No. 6010 with Planned Parenthood of Greater Ohio in the amount not-to-exceed \$220,000.00 for the Teen Pregnancy Prevention Program for the period 1/1/2026 - 12/31/2027.

Funding Source: Health and Human Services Levy

Kathleen Stewart, Family and Children First Council, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-121 was approved by unanimous vote.

BC2026-122

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5852 (fka Contract Nos. 5223 and 4252) with A Place 4 Me Collaborative for provision of system coordination planning and implementation activities for ending and preventing youth homelessness in connection with the Continuum of Care Program for the period 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026, to add Exhibit II-C which represents the budget, and for additional funds in the amount not-to-exceed \$423,643.00, effective 1/1/2026.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-122 was approved by unanimous vote.

C. – Exemptions

BC2026-123

Medical Examiner’s Office, recommending to amend Board of Control Approval No. BC2025-411, dated 6/23/2025 which resulted in an award recommendation to Promega Corporation and Life Technologies to procure genetic testing kits and other consumable supplies for the period 10/1/2024 - 9/30/2026 by changing the amount not to exceed from \$283,529.00 to \$288,613.00.

Funding Source: U. S. Department of Justice FY2024 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program

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 BC2026-123 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-124 through BC2026-125; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-124

Fiscal Department, presenting proposed travel/membership requests for the week of 3/16/2026:

Dept:	Public Defender’s Office							
Event:	NACDL 2026 National Voir Dire College							
Source:	(NACDL) National Voir Dire College							
Location:	New York, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Shelia Downs	6/3/2026 - 6/7/2026	\$1,199.00	\$268.00	\$1,700.00	\$480.00	\$500.00	\$4,147.00	General Fund 82% reimbursed by Ohio Public Defender
Rachel Kalayjian	6/3/2026 - 6/7/2026	\$500.00	\$268.00	\$1,700.00	\$480.00	\$500.00	\$3,448.00	General Fund 82% reimbursed by Ohio Public Defender
Linda Hricko	6/3/2026 - 6/7/2026	\$500.00	\$268.00	\$1,700.00	\$480.00	\$500.00	\$3,448.00	General Fund 82% reimbursed by Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

The NACDL National Vire Dire College allows our defense attorneys the opportunity to master the most effective, trial tested approach to jury selection: Deselection. This training will teach attorneys how to weed out biased, dangerous, and unpredictable jurors. Some of the training they will receive are: Gain elite-level skills to identify and strike problematic jurors, Refine your voir dire technique to surgically expose bias, Master the art of crafting hard questions that get honest answers, Build a jury that can truly get to Not Guilty, Learn tools that work in every courtroom, every time.

BC2026-125

Department of Purchasing, presenting proposed purchases for the week of 3/16/2026:

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
26000906	Various replacement Ford automotive parts	Department of Public Works	Valley Ford Truck, Inc.	Not-to-exceed \$30,000.00	General Fund
26000959	(40) Optics for Rifles	Sheriff's Department	Vance Outdoors, Inc dba Vance's Law Enforcement	\$17,600.00	General Fund

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000267	Factory Authorized – Accident repairs on 2016 Ford Explorer*	Department of Public Works	Montrose Ford, LLC	\$11,621.43 (Previously approved 2-2-2026); Additional funds for final invoice \$2,867.22	General Fund
26000969	Out-of-home care placement services for the period 2/1/2026-2/28/2026 **	Division of Children and Family Services	Compassion Care Group	\$36,350.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

**Approval No. 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)

ION2026-22

Department of Sustainability, submitting a grant award from The George Fund Foundation in the amount of \$200,000.00 to support the operations of the Cuyahoga County Fresh Water Institute for the period 2/13/2026 – 2/12/2028.

Funding Source: The George Fund Foundation

ION2026-23

Court of Common Pleas/Juvenile Court Division, submitting a grant award agreement with The Supreme Court of Ohio in the amount of \$6,100.00 for mediation training services for Early Intervention and Diversion Center’s staff in connection with the Court Improvement Program School Attendance Mediation Grant for the period 2/20/2026 – 6/30/2026.

Funding Source: The Supreme Court of Ohio

ION2026-24

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

RQ No.	Contract Number	Vendor	Service Description	Amount	Department	Date(s) of Service	Funding Source	Date of Execution
NA	5951	Safeware, Inc.	(1) 8-hour HazMat Officer Strategy & Tactics training sessions for regional HazMat Technicians.	\$5,950.00	Department of Public Safety and Justice Services	Effective upon signatures of all parties- 6/15/2026	FY25 State Emergency Response Commission (SERC)/ Local Emergency Planning Commission (LEPC)	(Executive) 3/4/2026 (Law) 3/11/2026

Various Agreements – Processed and executed (no vote required)

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2023- 0197 Original PDA Agreement Item No. 3 4/22/2024	Amendment #1- Rehabilitation of North Marginal Road Connector from East 9th Street to East 55th Street in the City of	\$12,084,048.00	\$11,430,377.67	\$5,684,048.00 Federal (4CD7 Funds) \$574,147.88.00 Federal (4R47 Funds) \$5,000,000.00 Cleveland MetroParks \$42,181.79 Road and Bridge Fund \$130,000.00 City of Cleveland	(Executive) 3/4/2026 (Law) 3/11/2026

	<p>Cleveland; to modify the scope of work and to change budget terms as outline in Exhibit B. -Council District 7</p>				
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ION2026-25

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 2/1/2026 – 2/28/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “3/16/2026 – Board of Control Meeting”.

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

The duplicate line item on page 6 for Purchase Order No. PJ2615362 - BRICKER GRAYDON LLP - LEGAL SERVICES FOR 2026 - \$10,000.00 is hereby removed in its entirety.

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 11:15 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-126

Title	Cedar Point Road Bridge AMD #7
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.
0	1126	Union Industrial Contractors, Inc.	N/A	\$3,055,480.60	May 11 th , 2021	R2021-0114
A-1	1126	Union Industrial Contractors, Inc.	N/A	\$2,026.85	June 21 st , 2022	Item No. 4
A-2	1126	Union Industrial Contractors, Inc.	N/A	\$2,274,161.73	May 23 rd , 2023	R2023-0134
A-3	1126	Union Industrial Contractors, Inc.	N/A	\$208,161.43	February 12 th , 2024	BC 2024-97
A-4	1126	Union Industrial Contractors, Inc.	N/A	\$200,400.00	August 5 th , 2024	BC2024-564
A-5	1126	Union Industrial Contractors, Inc.	N/A	\$315,290.63	November 25 th , 2024	BC2024-854
A-6	1126	Union Industrial	N/A	\$301,532.20	September 8 th , 2025	BC2025-563

		Contractors, Inc.				
A-7	1126	Union Industrial Contractors, Inc.	N/A	\$326,546.03	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 consisted of rehabilitation of the existing structure over the Rocky River by replacing the bridge deck, sidewalks, railings and exterior beams, patching the interior beams and substructures, replacing the approach slabs and realigning the adjacent roadway.

Amendment #7 – Various increases, decreases, and new items to meet field conditions

The majority of the additional costs are for Ref. Nos. 114 and 137 (see below) that were required due to deteriorated piers and abutments below the river water line discovered during construction that were not addressed in the original plans. It was required to dewater the river on three separate occasions and make extensive repairs below the water line.

Increased Items:

Ref. Nos. 20, 21, 39, 40, 86, 97 and 122 - minor increases of existing items required to perform the project scope. 30.430.08

Ref. No 114 Temporary Cofferdams 48 – It was discovered during construction, that the abutments and piers required repairs below the water line of the river. This was not included in the original plans. In order to perform this work, the river had to be dewatered on 3 separate occasions in order to perform the repairs. The Army Corps of Engineers required the three separate operations to minimize the area of the river being restricted. \$209,154.

Decreased Items:

Various decreases in plan quantities not required to perform the scope of the project (\$151,480.75).

New Items:

Ref. No. 130 – Pavement and Curb Replaced Due to Change of Scope to the West Side of the Bridge

In lieu of replacing all of the pavement west of the bridge, it was decided to perform an overlay. This work was needed to tie in the new bridge with the existing pavement to be overlaid. This cost was offset by decreases in items originally planned for the total replacement. \$11,211.22

Ref. No. 131 – Pavement Widening at the Northwest Side of the Bridge

In lieu of replacing all of the pavement west of the bridge, it was decided to perform an overlay. This work was needed to tie in the new bridge with the existing pavement to be overlaid. This cost was offset by decreases in items originally planned for the total replacement. \$21,344.55

Ref. No. 132 – River Dewatering Using 4,000lb Sandbags

In order to dewater the river to perform repairs not included in the original plans, 4,000lb sandbags were used, though were eventually replaced with the Portadam system. \$50,388.38
 Ref. No. 133, 134, 135 and 136 – Epoxy Striping Items
 These items were used in lieu of the ones contained in the plans. The cost was offset by non-performing the plan items. \$4,195.00

Ref. No. 137 – Repair Piers 1 and 2 Bullnoses along with Extensive Patching Below Water Level
 The ends of piers 1 and 2 were deteriorated beyond the level of just patching. They needed to be rebuilt. Much of this work was below the water level. In addition, the east and west faces of the piers required repairs beyond typical patching. \$136,131.81

Ref. No. 138 – MOT To Finish Project While Open To Traffic
 Though not intended in the original plans, due to the extended time that the bridge was closed to traffic, the bridge was open to traffic in the winter of 2024 to ease the burden to the travelling public. All remaining work was performed under traffic. This item covers maintenance of traffic costs to achieve this. \$15,151.26

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 Service Description

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):
Union Industrial Contractors, Inc. 1800 East 21 st Street Ashtabula, OH 44004	Ryan Cochran
Vendor Council District: N/A	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>4874</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 3/9/2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$3,055,480.60	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) 8 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (10) 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 type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

The additional costs added in this amendment are 100% Cuyahoga County Road & Bridge Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
PW605100

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

Provide status of project.
The project is close to completion with this amendment helping to balance out the remaining items.

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):	2/2/2026
Date documents were requested from vendor:	2/25/2026
Date of insurance approval from risk manager:	3/2/2026
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

BC2026-127

Title	Public Works-Water Mitigation Services for Justice Center-Amendment #2-Industrial Water Management, LLC dba IWM-USA, LLC
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM5242	Industrial Water Management	03.18.2025 – 03.17.2026	\$125,000.00	03.17.2025	BC2025-182
A-1	CM5242	Industrial Water Management LLC	03.18-2025 – 03.17.2026	\$220,132.60	06.23.2025	BC2025-399
A-2	CM5242	Industrial Water Management LLC	03.18.2026 – 03.17.2027	\$225,885.40	Pending	Pending

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

Public Works is requesting approval of a contract amendment with Industrial Water Management, LLC dba IWM-USA in the amount not-to-exceed \$225,885.40 for water mitigation services at the Justice Center complex. The contract is being extended from 3/18/25-3/17/26 to now end 3/17/27.

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

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

Project Goals, Outcomes or Purpose (list 3):
 This amendment with Industrial Water Management is for an extension of time and additional funds for water mitigation services at the Justice Center complex. This will ensure no interruptions in building services as it relates to the water systems located at the Justice Center.

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):
Industrial Water Management, LLC, dba IWM-USA, LLC 21 E. State Street Suite 200 Columbus, Ohio 43215	Jim Lark, Risk Officer
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. Amendment to an existing contract to ensure continued services without building interruptions. *See Justification for additional information.
The total value of the solicitation: \$228,885.40	<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) Mission Critical/Exemption-CM5242 <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" data-bbox="212 972 846 1010"> <tr> <td data-bbox="212 972 560 1010">List date of TAC approval</td> <td data-bbox="560 972 846 1010">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% General Fund – Capital under project 40297
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. PW600100 55220 CFCTW0000202
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Project/Procurement Start Date (date your team started working on this item):	12.09.2025
Date documents were requested from vendor:	02.23.2026
Date of insurance approval from risk manager:	02.24.2026
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 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): see chart above

BC2026-128

Title	2026 City of Shaker Heights Sewer Maintenance Agreement, CM 6009, Direct Bill, \$500,000 (rev gen)		
Department or Agency Name	Public Works		
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6009	City of Shaker Heights	1/1/2026 12/31/2026	\$500,000	TBD	TBD

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
This is a revenue generating agreement between the City of Shaker Heights and the County Public Works Sanitary Engineering department for Direct Bill sewer maintenance services. This is an update to an ongoing 2012 agreement for direct bill sewer maintenance services as requested by the City.

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

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

Project Goals, Outcomes or Purpose (list 3):
The primary goal of this Agreement is for sanitary and storm sewer maintenance services and for the purpose of retaining the County to perform certain services relative to City’s sewers. This is an update to the 2012 ongoing

sewer agreement with the city that has always been a Direct Bill agreement. This Direct Bill agreement will now be renewed on an annual basis.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Shaker Heights 15600 Chagrin Blvd Shaker Heights, Ohio 44120	Christian Maier, Asst. Director Infrastructure
Vendor Council District: 11	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is an update to a 2012 ongoing rev gen direct bill agreement with the City of Shaker Heights and Cuyahoga County Public Works Sewer Maintenance Dept. for sewer maintenance services provided by the County as requested by the city. *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:
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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.
Revenue Generating and Direct Billed to the City of Shaker Heights on a quarterly basis

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
N/A – This is a revenue generating Agreement

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.
2012 Agreement	N/A	City of Shaker Heights	7/1/2012-present (automatically renewable)	\$494,100	6/26-2012	R2012-0109 City Ordinance 12-57

BC2026-129

Title	2026 City of Berea Sewer Maintenance Agreement- DIRECT BILL-NONPO revenue generating, \$400,000, CM 6041					
Department or Agency Name						
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6041	City of Berea	4/1/2026-3/31/2027	\$400,000	tbd	tbd

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>Department of Public Works is requesting approval of this Annual Sewer Maintenance revenue generating agreement between the City of Berea and the Cuyahoga County Department of Public Works. This Agreement is for up to \$400,000 in revenue generating funds with a term from April 1, 2026 to March 31, 2027. This is a Direct Bill Agreement that is invoiced on a quarterly basis.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input checked="" type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3): The primary goal is for the County to continue to assist with sanitary and storm sewer maintenance within the City of Berea. This is a revenue generating direct bill agreement.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
City of Berea 11 Berea Commons Berea, Ohio 44017	Antonio Armagno- Service Director & City Engineer
Vendor Council District: 5	Project Council District: 5
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

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

Direct Bill funds can be deposited to: PW715100-52000 (activity code- SWD 0806) City of Berea

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. N/A- revenue generating

Payment Schedule: 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.

O	5192	Berea	4/1/2025-3/31/2026	\$975,000	R2025-0111	3/25/2025
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BC2026-130

Title	Department of Housing and Community Development; City of Euclid; HOME Consortium Agreement; HUD Grant
Department or Agency Name	Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5759	City of Euclid	05/01/2025-12/31/2025	\$203,089.41	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 a contract with the City of Euclid for the anticipated not-to-exceed amount of \$203,089.41.

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

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

Project Goals, Outcomes or Purpose (list 3):
The primary goals of the project are for the City of Euclid to use HOME funds for eligible buyer assistance, new construction, and rehabilitation costs.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Euclid 585 East 222 nd Street, Euclid, Ohio 44123	Tony Cuda, Mayor
Vendor Council District:	Project Council District:
11	11

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

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

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FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% HOME Investment Partnership Program (Federal)
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. HC223135 – 55120 – DV18HUDHOMEPP
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.
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: Received signed contract on 10/27/2025, contract corrections were required in February 2026.
Timeline
Project/Procurement Start Date (date your team started working on this item): 10/30/2025
Date documents were requested from vendor: 10/23/2025
Date of insurance approval from risk manager: 11/06/2025
Date Department of Law approved Contract: 09/02/2025
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: errors on contract, contract had to be corrected and re-signed.
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Service period is 05/01/2025 – 12/31/2025
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	3280	City of Euclid	05/01/2023 – 04/30/2025	\$455,426.00	05/01/2023	BC2023-269
A-1	5096 (fka 3280 and 4843)	City of Euclid	5/1/2023 – 4/30/2025	\$38,005.96	03/10/2025	BC2025-155

BC2026-131

Title	PO26000992JCOP-2026- Procurement of Scribe Hub Enterprise Subscription for 10 Users
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.
	PO26000992 JCOP	SHI International Corp.	Effective Date - 12 Months	\$24,785.76	PENDING	PENDING

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

The Department of Information Technology plans to contract with SHI International Corp, for Procurement of Scribe Hub Enterprise Subscription for 10 Users in the amount of \$24,785.76.

Subscription Term: 12 Months after the effective date.

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 Scribe Hub Plan will enhance administrative oversight and security through centralized user and document management, role-based access controls, and single sign-on (SSO). It will also improve governance and scalability by providing approval workflows, multi-team management capabilities, translation features, license management, and automated redaction functionality.

The Scribe Hub Plan is a Technical Advisory Committee reviewed and approved item (2.19.2026).

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp	Mark Brum

90 Davidson Avenue Somerset, New Jersey 08873	Inside Account Manager
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. SHI is able to provide the County with joint cooperative purchasing contract pricing under Sourcwell contract #121923, which expires February 27, 2028. SHI is an approved reseller of Progress Software products, such as Sitefinity. Sitefinity is an approved IT standard. A competitive process was completed through Sourcwell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcwell contract #121923, expires February 27, 2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input type="checkbox"/> Other Procurement Method, please describe:
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Is Purchase/Services technology related No Yes If yes, list date of TAC approval and answer the questions below.

List date of TAC approval	Date: 2.19.2026
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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):	
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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):

BC2026-132

Title	PO26000994STAC-2026-Procurement of Cisco Router, Access Points and support
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.
	PO26000994 STAC	MNJ Technologies Direct, Inc.	2026	\$32,636.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc. for the procurement of Cisco Router and Access Points and support in the amount of \$32,636.00.

Cisco Catalyst 8300 Router — Quantity: 1
 Cisco Smart Net Total Care – Extended Service — Quantity: 1
 Cisco 2-Port and 4-Port Network Interface Module — Quantity: 1
 Cisco Digital Network Architecture Advantage Cloud Subscription License (3 Year) Quantity: 1
 Cisco CW9176I Tri Band Wi-Fi 7 Wireless Access Point (Indoor) Quantity: 16
 Meraki MR Enterprise Cloud Controller License, 5 Years — Quantity: 16

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

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

Project Goals, Outcomes or Purpose (list 3):
 Support Fusion Center Relocation: Procure and deploy a network router to ensure uninterrupted, secure connectivity for the Cuyahoga County Fusion Center upon relocation from the Justice Center to the Cleveland Police Headquarters building.
 Expand Wireless Coverage: Install sixteen wireless access points across multiple County buildings to extend wireless network availability to locations where connectivity is currently limited or unavailable.
 Enhance Network Performance and Security: Improve overall network reliability, capacity, and security to support operational needs, increase user accessibility, and maintain compliance with County IT standards.

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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. MNJ Technologies Direct is able to provide Cuyahoga County the requested hardware equipment using Ohio State Term Schedule pricing. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. STS#534612 Expires on 9.30.2026 Other vendors were not evaluated as MNJ Technologies Direct is able to provide Cuyahoga County with Ohio State Term Schedule pricing and has already been evaluated by the State of Ohio. All vendors awarded an Ohio state contract have gone through formal bidding processes and have been vetted by the State of Ohio prior to award. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS#534612 Expires on 9.30.2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related 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% Capital Improvement Plan

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.
IT600100

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2026-133

Title	2026 – Interaction Insight Corporation – Eventide Upgrade
Department or Agency Name	Public Safety and Justices Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25005092	Interaction Insight Corporation	N/A	19,639.00	Pending	Pending

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

This purchase is necessary in order to upgrade the existing Eventide voice recording system at Bedford Heights to support the expansion of the Cuyahoga Emergency Communications System (CECOMS). This scope includes increasing system capacity to record all new VESTA dispatcher positions, enabling access to recordings for additional authorized users, and implementing up to ten (10) screen-to-data capture licenses to record on-screen activity at dispatch positions. The upgrade will ensure continued compliance, operational reliability, supervisory and training support, and full visibility into dispatch operations as staffing levels and system requirements grow.

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):
 Upgrade existing systems for the Cuyahoga Emergency Communications System.

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):
Interaction Insight Corporation 125 Half Mile Road, Suite 200, Red Bank, NJ 07701	Tim Feldmann Managing Director
Vendor Council District:	Project Council District:
All	All
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This PO is for an upgrade to a system that is already in use by CECOMS. *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: 2/4/2026
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2026-TAC-010

- 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% Wireless 9-1-1 Government Assistance 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.

PJ280105

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

Provide status of project.

Project/services have not been started.

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):

BC2026-134

Title	PO 26000637- Motorola Solutions Inc. Radio Move
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26000637	Motorola Solutions Inc.	N/A	\$21,600	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.

Relocating Bedford Hts. Radio positions/workstations to make room for CECOMS workstations.

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):
 Relocate Bedford Hts. Radio positions/workstations to make room for CECOMS workstations

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):
Motorola Solutions, Inc. 500 W Monroe St Ste 4400 Chicago IL 60661	Lisa Flask 9-1-1 Account Executive
Vendor Council District:	Project Council District:
N/A	All districts.
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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Relocating existing services. *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: 2/19/26
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2026-TAC-014

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.

PJ100105
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
This project is awaiting approval.	
Is contract/purchase late <input 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):

BC2026-135

Title	PSJS on behalf of the Medical Examiner’s Office; Knupp & Watson & Wallman, Inc (KW2); Contract Amendment #1 for Public Health Communication and Education Campaign to Reduce Overdose Fatalities; Extension through September 30, 2026 for \$85,648.00
Department or Agency Name	Public Safety & Justice 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	5683	Knupp & Watson & Wallman, Inc. d/b/a KW2	10/27/25-8/30/26	\$419,000.00	10/27/25	BC2025-672
A-1	5683	Knupp & Watson &	10/27/25-9/30/26	\$85,648.00	Pending	Pending

		Wallman, Inc. d/b/a KW2				

Service/Item Description (include quantity if applicable).

Requesting approval of a contract amendment with Knupp & Watson & Wallman, Inc. d/b/a KW2 for Public Health Communication and Education Campaign to Reduce Overdose Fatalities to extend the scope of work and extend the contract period through September 30, 2026 in the amount of \$85,648.00. The purpose of the contract amendment will be to increase the scope of the project to reach a wider audience and extend the campaign through the end of the grant period.

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):

Bring awareness of the different dangers of substance use to the general public.
 Provide information to the general public on the locations of places offering help those currently impacted by substance use disorder.
 Educate emergency department providers/medication prescribers on substance use disorders.

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

Vendor Name and address:	Owner, executive director, other (specify):
Knupp & Watson & Wallman, Inc. d/b/a KW2 937 Buring Wood Way Madison, WI 53704	Jennifer Savino, CEO
Vendor Council District:	Project Council District:
N/A	All Districts
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT X
<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. Amending an active 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 checked="" type="checkbox"/> No, please explain. Grant funded If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RQ #: 16237 Event #: 6532 CM: 5683 <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance
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. Account: ME285150 Accounting Unit: 55130 Activity: ME-23-COSSUP
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

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

HISTORY (see instructions): see chart above

BC2026-136

Title	Food Purchases Made During the Federal Government Shutdown
Department or Agency Name	Cuyahoga County Office of the Executive with Health & Human Services
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): Discretionary Fund Payment

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26000816 PMNT	The Greater Cleveland Foodbank		\$30,000.00	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 Cuyahoga County Office of the Executive with Health & Human Services plans to contract with The Greater Cleveland Foodbank, for Food Purchases Made During the Federal Government Shutdown in the amount of \$30,000.00.

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

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): Cuyahoga County is paying the Greater Cleveland Foodbank for food purchases made during the federal government shutdown.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
The Greater Cleveland Foodbank 13815 Coit Road Cleveland, Ohio 44110	Jessica Morgan Chief Programs Officer
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

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

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

100% General Fund IN100100

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

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

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

Provide status of project.

Invoice has been received.

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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions):

BC2026-137

Title	2026 Revenue Generating Agreement – BHP Management
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6018	BHP Management	4/1/2026-3/31/2027	\$8,677.00	Pending	Pending

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

Provide and employ a sufficient number of CJFS trained workers whose assigned caseloads will consist of BHP consumers applying for Medicaid or needing assistance with their BHP Medicaid benefits.

Revenue Generating agreement will be \$8,677.00 for year 1 paid on a quarterly basis.

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):

Caseworkers responsible for determining income eligibility for BHP consumers seeking initial enrollment in BHP or are residents.
 Medicaid eligibility shall also be determined by a caseworker for BHP Management

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
BHP Management 4401 West 150 th Street Cleveland, Oh 44135	Norman Fox, Executive Vice President & Director of Legal Affairs
Vendor Council District: 13	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 <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. A revenue generating agreement is being requested because BHP Management is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete BHP's Medicaid applications. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)

	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating CM6018
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Is Purchase/Services technology related No Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
No accounting units are used because this is revenue generating

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

Provide status of project. New Project

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

Reason: N/A

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) N/A

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

HISTORY (see instructions):

BC2026-138

Title	DCFS 2026: Laptops and Tablets for Graduation Seniors	
Department or Agency Name	Division of Children and Family Services	
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.
	26001057	MNJ Technologies Direct, Inc.		\$136,190.00		

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.

80 Dell Pro13 Plus Touchscreen Notebook
 80 Storage Laptops Backpacks
 15 Apple iPad Tablet 11" 128 GB

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 goal of this purchase is to equip children transitioning out of care with the necessary technology to support their education, personal development, and successful transition to independent living on their way to self-sufficiency.

Three Goals:
 Educational Advancement: Providing laptops ensures that children have access to online learning resources, educational software, and virtual classrooms, helping them to stay on track academically.
 Skill Development: These devices enable children to develop essential digital skills that are crucial for future employment and daily life in a technology-driven world.
 Facilitating Independence: Access to technology helps children manage their personal affairs, such as online banking, job applications, and communication, fostering a smoother transition to independent living.

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: MNJ Technologies 1025 Busch Parkway Buffalo Grove, IL 60089	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Jimmy Lochner
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. The procurement method utilized was the State Term Schedule (STS) contract. These prices have been competitively bid by the State of Ohio. As a public entity, we are permitted to utilize this platform, ensuring that the items procured meet competitive bidding requirements without the need for a separate solicitation process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date 534109 11/19/2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services. Then we will receive 100% Reimbursement through TANF- Independent Living Funds

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
HS215100/56110/UCH05613

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

Provide status of project. Nothing Purchased Yet-Waiting for BOC approval.

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.
	25002028	MNJ Technologies Direct, Inc.		\$60,945.00	5/27/2025	BC2025-346

BC2026-139

Title	OHS; YWCA Greater Cleveland; RQ 10456; 2026 Amendment 4; Emergency Shelter for Single Adult Women	
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	3014	YWCA Greater Cleveland	1/1/23 – 12/31/23	\$2,536,793.00	2/28/23	R2023-0039
A-1	3014	YWCA Greater Cleveland	1/1/24 – 12/31/24	\$2,536,793.00	3/12/2024	R2024-0088
A-2	3014	YWCA Greater Cleveland	1/1/2025 – 12/31/2025	\$2,536,793.00	3/19/2025	R2025-0095
A-3	3014	YWCA Greater Cleveland	1/1/2026-10/31/2026	\$2,113,995.00	2/10/2026	R2026-0047
A-4	3014	YWCA Greater Cleveland	1/1/2026-10/31/2026	\$241,000.00 The additional funds is effective for the period 1/01/2026-7/31/2026.	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.

YWCA Greater Cleveland operates the Norma Herr Women’s Center and the Walton Road women Homeless shelter 24 hours per day, 365 days per year. The shelters can accommodate up to 202 people in 177 regular beds and 25 overflow beds or mats.

YWCA serves homeless women ages 18 and above by providing immediate, low-barrier access to a safe and decent shelter in accordance with the Office of Homeless Services Advisory Board’s adopted Community Standards for Emergency Shelters. The YWCA assists these women’s efforts to return to stable housing as quickly as possible and connects them with services necessary to ensure long-term stable housing and self-sufficiency. Services and programming support identified subpopulations including but not limited to individuals over 55, youth, individuals who self-identify as LGBTQ, pregnant guests, those affected by trauma or other concerns, and veterans.

This is an existing service covered under CM3014. We are requesting to add \$241,000.00 in funding for Housing Navigators for the grant term of 01/01/2026-07/31/2026. There is no change to the existing amendment term of 10/31/2026. Budget and Scope of work are attached.

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):
 YWCA will provide Housing Navigators who will work within the shelter to focus on increased engagement and link individuals with the most appropriate housing/ shelter resource.

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: YWCA Greater Cleveland 4019 Prospect Ave Cleveland OH 44115	Owner, executive director, other (specify): Helen Forbes-Fields, Executive Director
Vendor Council District: 7	Project Council District: Countywide
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. Amendment on contract that allows for an extension. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP 10456, which closed 9/12/2022 <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% U.S. Department of Housing and Urban Development Coordinated Entry Grant

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

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

HS220130/55130/HS-2025-COC-CE
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. Project is ongoing and being extended through 10/31/2026 via CM 3014	
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: HUD issued the grant extension agreement on 2/12/2026, OHS is in the process of getting the agreement signed and sent back to HUD. Negotiations with the vendor took longer than expected.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/15/2025 (OHS); 2/23/2026 (DCAP)
Date documents were requested from vendor:	10/17/2025; 3/6/2026
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	3/9/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): See chart above

BC2026-140

Title	Amendment 1 Joseph's Home dba Joseph and Mary's Home for Temporary Housing for Medically Fragile Homeless Women
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	3994	Joseph's Home dba Joseph and Mary's Home	1/1/24-12/31/25	\$400,000.00	03/11/2024	BC2024-202
A-1	3994	Joseph's Home dba Joseph and Mary's Home	1/1/26-10/31/26	\$140,588.00	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.

Mary's Home offers an eleven-bed facility with private rooms, ongoing medical supervision, medication management, nutritious home-cooked meals, and coordination with local healthcare providers. Residents also receive intensive case management that includes the development of permanent housing plans, benefits review, transportation to and from any needed medical or housing appointments, and supportive programming that identifies community resources and supports.

This is an existing service covered under CM 3994. This is the first amendment, adding funding in the amount of \$140,558.00 and extending the contract term to 10/31/26. There are no changes to the scope. The annual contract amount decreased from \$200,000.00 to \$168,670.00 due to 26-27 biennial budget cuts. The amendment amount reflects a 10-month proration, as new contracts will be awarded through an upcoming RFQ.

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 basic temporary housing and safety net services for medically fragile homeless women, in accordance with all CoC shelter standards.
Provider intensive case management to address barriers to housing stability.
Link shelter guests with permanent housing upon discharge.

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: Joseph and Mary's Home 2412 Community College Avenue Cleveland, OH 44115	Owner, executive director, other (specify): Benjamin Silver, Interim Executive Director
Vendor Council District: 7	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
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	<p>The provider submitted a proposal for Mary's Home in response to RFP 10456. Due to limited funding, OHS was not able to make an award on this proposal. Council-sponsored funding has now been made available for this project.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP 10456 <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% Health and Human Services Levy Funds

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

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

HS260350; 55130; UCH0999

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

Provide status of project.
Recurring service under current contract CM3994

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

Reason: Awaited information from the Vendor

Timeline

Project/Procurement Start Date (date your team started working on this item):	12/2/2025
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Date documents were requested from vendor:	2/13/2026
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Date of insurance approval from risk manager:	
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Date Department of Law approved Contract:	3/5/26
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? No Yes (if yes, please explain) continuation of the project

Have payments been made? No Yes (if yes, please explain) only for the previous contract period.

HISTORY (see instructions): See chart above

C. - Consent Agenda

BC2026-141

Title	East 200th Street (CR-114) Rehabilitate Existing Roadway from Mohican Avenue to Lakeshore Boulevard (SR-283) in the Cities of Cleveland and Euclid, Ohio AMD #2	
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	4478	Terrace Construction Company, Inc.	n/a	\$7,670,965.81	June 18 th , 2024	R2024-0205
A-1	4478	Terrace Construction Company, Inc.	n/a	\$0.00	May 19 th , 2025	BC2025-335

A-2	4478	Terrace Construction Company, Inc.	n/a	\$0.00	Pending	Pending
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Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

The project includes the rehabilitation of 1.3 miles of East 200th Street from Mohican Avenue to Lakeshore Boulevard including planning of the existing pavement surface, performing pavement repairs as required based on condition, installation of ADA compliant ramps, resurfacing of the roadway, replacement of pavement markings, and replacement and installation of 6,500 feet of water main.

Amendment #2 – The increased and decreased items correspond to modifications in the unit bid items required to realign the contract quantities with actual project condition. The new items of work were required due to unforeseen conditions, plan errors or omissions, utility conflicts, or by direction necessary to complete the plan intent as specified in the contract.

New Items:

Ref. No. 154: WORK ZONE STOP LINE, CLASS I, 642 PAINT - This item of work was added for traffic control during various phases of work.

Ref. No. 155: CROSSWALK LINE, 24" - This item of work was added to install epoxy markings on the existing concrete surfaces of the project.

Ref. No. 156: CROSSWALK LINE, 12" - This item of work was added to install epoxy markings on the existing concrete surfaces of the project.

Ref. No. 157: STOP LINE - This item of work was added to install epoxy markings on the existing concrete surfaces of the project.

Ref. No. 158: FORCE ACCOUNT: UTILITY CONFLICTS @ CRYSTAL - Additional costs incurred due to utility conflicts requiring modification and/or relocation of the existing & new water line.

Ref. No. 159: RESTORE CONCRETE WATERLINE CAP AT LAKESHORE BLVD - This work required to restore existing asphalt surfaces (outside of project limits) as a result of waterline work.

Ref. No. 160: ASPHALT SUBSTITUTION CREDIT - Price adjustment (credit) for material substitution.

Ref. No. 161: ADDITIONAL DEPTH MILLING STA 572+38 – 513+35 LT - Detailed cost analysis for the additional asphalt milling work. This work was not specified in the original project documents and became necessary after field conditions revealed discrepancies in the existing pavement profile.

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 Service Description

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):
Terrace Construction Company, Inc. 3965 Pearl Road Cleveland, Ohio 44109	Jeffrey Nock - President
Vendor Council District:	Project Council District:
District 7	District 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland and Euclid

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14299</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$7,670,965.81	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 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 No Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

Federal Funding – 23%
 Ohio Public Works Commission – 13.4%
 Municipalities – 61.45%
 County Road & Bridge \$5.00 Fund – 2.15%

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 PW605100

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

Provide status of project.
 Roughly 80% complete

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):	2/18/2026
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Date documents were requested from vendor:	2/18/2026
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Date of insurance approval from risk manager:	3/4/2026
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Date Department of Law approved Contract:	
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): see chart above

BC2026-142

(See related items for proposed travel/memberships for the week of 3/23/2026 in Section C above).

BC2026-143

(See related items for proposed purchases for the week of 3/23/2026 in Section C above).

V – OTHER BUSINESS**Item of Note (non-voted)****ION2026-26**

TITLE	Lead Safe Ohio Grant Extension Amendment
DEPARTMENT OR AGENCY NAME	Housing and Community Development

<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 style="padding-left: 20px;">➤ 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)	Lead Safe Ohio	12/01/2023 – 04/30/2026	\$8,057,000.00	04/09/2024	R2024-0083
AMENDMENT (A-1)	Lead Safe Ohio	12/01/2023 – 08/31/2026	\$0.00	Pending	Pending
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Lead Renovation, abatement and mitigation services in connection with The Lead Safe Ohio Program.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Repair the home where young children live			
		Repair childcare facilities			

	Reduce the risk of lead poisoning
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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:	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.
	Lead Safe Ohio 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.

ION2026-27

TITLE	Amend CON2025-88
DEPARTMENT OR AGENCY NAME	Sheriff’s

REQUESTED ACTION	<input checked="" type="checkbox"/> Amendment to Approval (BOC or Council) <input type="checkbox"/> Other action; please describe
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DESCRIPTION/ EXPLANATION OF REQUEST:	Grant award amount numbers accidentally transposed; CON2025-88 identifies the various grant award amounts from Ohio Department of Public Safety/Ohio State Highway Patrol/Ohio Traffic Safety Office to be a total amount not to exceed \$109,874.58; however, the correct total amount is \$109,829.58. The correct amount of the "Driving While Intoxicated" grant award is \$50,938.46. The correct total amount of both grant awards is \$109,829.58
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	10/6/2025	CON2025-88
AMENDMENT (A)		

ION2026-28

TITLE	Sheriff's Department Crime Stoppers Affiliate Agreement
DEPARTMENT OR AGENCY NAME	Sheriff

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
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CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Crime Stoppers	9/15/2026-9/14/2028	Pending	Pending
Amendment (A)				

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/ EXPLANATION OF REQUEST:	This affiliation agreement recognizes Crime Stoppers of Cuyahoga County as the Citizen's Reward Program in the county.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To expand marketing/outreach with the ultimate goal of increasing the number of tips provided by citizens, thereby impacting law enforcement's ability to solve crimes.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Crime Stoppers of Cuyahoga County, Inc.
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Joseph E. LoConti, Chairman, Crime Stoppers Board of Directors
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	

REASON FOR LATE SUBMITTAL

EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	

ION2026-29

TITLE	PSJS; FY24 COPS Technology and Equipment Program Invitational Solicitation Award No. 15JCOPS-24-GG-02269-TECP; No-Cost Grant Extension through March 31, 2027
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.
Amendment #1	FY24 COPS Technology and Equipment Program	3/9/2024-3/31/2027	\$2,000,000.00	Pending	Pending
Original	FY24 COPS Technology and	3/9/2024-3/31/2026	\$2,000,000.00	10/28/26	CON2024-104

	Equipment Program				
DESCRIPTION/EXPLANATION OF THE GRANT:		The grant aims to improve and update the technology for the county's 9-1-1 system and ultimately going out to bid for a new 9-1-1 system provider and migrating to the state's 9-1-1 system. The grant funding supports projects for the 9-1-1 system migration, including a technical consultant, ESInet Interface Modules, and contracting with a new 9-1-1 system provider. The extension through March 31, 2027 will ensure the completion of these projects.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Evaluate the current 9-1-1 system operations.			
		Prepare the current 9-1-1 system for migration to state system.			
		Contract with new provider for 9-1-1 system once current contract ends.			

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Dept. of Justice, Office of Community Oriented Policing Services
	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.

ION2026-30

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 3/23/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT