



**Cuyahoga County Board of Control Agenda
Monday, March 30, 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 – 3/23/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-144

Department of Public Works, submitting an amendment to Contract No. 4637 with Independence Excavating Inc. for the construction of 2.66 miles of shared use path along North Marginal Road Connector from East 9th Street to East 55th Street in the City of Cleveland for additional funds in the amount not-to-exceed \$178,488.65, effective upon signatures of all parties.

Funding Source: 52.6% Federal Fund; 43.4% Cleveland Metroparks, 2.8% County Motor Vehicle \$7.50 License Tax Fund and 1.2% City of Cleveland

BC2026-145

Department of Purchasing, recommending an award on RQ16240 and enter into a Revenue Generating Agreement (via Contract No. 6003) with Auctions International, Inc. (19-2) in the anticipated amount not-to-exceed \$150,000.00 for Online auction services for selling County surplus property and unclaimed property, effective upon signatures of all parties through 12/31/2026.

Funding Source: Revenue Generating

BC2026-146

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$40,000.00 for the

purchase of various laundry chemicals for use in the County Jail for the period 3/1/2026 – 12/31/2026.

- b) Recommending an award on Purchase Order No. 26000713 to State Cleaning Solutions a Division of State Industrial Products Corp. in the amount not-to-exceed \$40,000.00 for the purchase of various laundry chemicals for use in the County Jail for the period 3/1/2026 – 12/31/2026.

Funding Source: General Fund

BC2026-147

Sheriff's Department, submitting a Grant Agreement with Oriana House, Inc. (via Contract No. 6038) in the amount not-to-exceed \$134,240.00 to provide funding to improve outcomes for substance abuse counseling and treatment for inmates at the Cuyahoga County Community Based Correctional Facility in connection with the 2025 Opioid Remediation Grant program, effective upon signatures of all parties through 12/19/2026.

Funding Source: Ohio Attorney General

BC2026-148

Department of Health and Human Services, requesting authority to apply for grant funds from Youth Villages in the amount of \$783,559.00 for supporting transition-age youth in connection with the Lifeset Opportunity Grant for the period 7/1/2026 - 6/30/2030.

Funding Source: \$783,559.00 Youth Villages LifeSet Opportunity Grant. The overall project also includes \$1,723,410.34 Comprehensive Case Management and Employment Program Temporary Assistance for Needy Families funds and \$200,038.70 John H. Chafee Foster Care Program for Successful Transition to Adulthood Grant Funds for a total project cost of \$2,707,008.04.

BC2026-149

Department of Health and Human Services/Office of the Director,

- a) Submitting an RFP exemption, which will result in a payment to The Children's Hospital Medical Center in the amount not-to-exceed \$32,175.00 as final payment for the period 10/1/2025-12/31/2025 for poison control services and support of the Drug and Poison Information Center rendered on Contract No. 5073 (fka Contract No. 3797) during the contract term 1/1/2024 - 12/31/2025.
- b) Recommending a payment on Purchase Order No. 26001062 to The Children's Hospital Medical Center in the amount not-to-exceed \$32,175.00 as final payment for the period 10/1/2025-12/31/2025 for poison control services and support of the Drug and Poison Information Center rendered on Contract No. 5073 (fka Contract No. 3797) during the contract term 1/1/2024 - 12/31/2025.

Funding Source: Health and Human Services Levy Fund

BC2026-150

Department of Health and Human Services/Division of Children and Family Services, recommending an award on Purchase Order No. 26001130 with Biometric Information Management LLC in the amount not-to-exceed \$14,330.00 for a state contract purchase of (2) mobile fingerprinting units, related accessories, system configuration and training.

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

BC2026-151

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting a Memorandum of Understanding with United Way of Greater Cleveland, Cuyahoga County Public Library and Cleveland Public Library to define the roles and responsibility for spending down the remaining funds previously paid to United Way of Greater Cleveland in the amount not-to-exceed \$73,159.87 on Contract No. 1784 for implementation and administrative services for the Family Space Program, effective 1/1/2026 through 9/30/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-152

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a Grant Agreement with Emerald Development and Economic Network, Inc. (via Contract No. 4981) to provide funding to support the operation and administration of the temporary, emergency shelter for women located at 2710 Walton Avenue, Cleveland, for the period 4/1/2024 – 3/31/2026 to extend the time period to 10/31/2026, to amend and replace various terms of the agreement and for additional funds in the amount not-to-exceed \$291,666.67, effective 4/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-153

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5198 (fka Contract No. 4141) with Housing Innovations, LLC for technical assistance to develop and implement a strategy to comply with the HEARTH ACT, including 5 short-term and long-term planning and implementation of strategies at reducing and ending homelessness in connection with the Cuyahoga County Continuum of Care Evaluation and Planning Project for the period 1/1/2024 – 12/31/2026, to amend and replace various terms of the agreement and for additional funds in the amount not-to-exceed \$75,000.00, effective upon signatures of all parties.

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

BC2026-154

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5937 (fka Contract No. 4500) with The Salvation Army to provide shelter and rapid re-housing services to families experiencing homelessness or domestic violence in connection with the FY2023 Continuum of Care Homeless Assistance Grant Program for the period 6/1/2024 – 5/31/2026, to amend and replace various terms of the agreement and for additional funds in the amount not-to-exceed \$23,185.00, effective upon signatures of all parties.

Funding Source: U.S. Department of Housing and Urban Development Rapid Rehousing for Families Grant Fund

C. – Consent Agenda

BC2026-155

Department of Public Works, submitting an amendment to Contract No. 3952 with The Great Lakes Construction Co. for rehabilitation of North Main Street Bridge No. 00.12 over the Chagrin River in the Village of Chagrin Falls for a decrease in the amount of (\$55,712.36); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 44% Federal, 30% Ohio Public Works Commission, 19% Village of Chagrin Falls Municipality, and 7% \$5.00 Motor Vehicle License Tax Fund

BC2026-156

Department of Public Works, submitting an amendment to Contract No. 5066 with Vandra Brothers Construction, Inc. for resurfacing of 1.39 miles of Broadway Avenue from Macedonia Road to Richmond Road in the Village of Oakwood in connection with the 2021-2024 Transportation Improvement Program for a decrease in the amount of (\$257,414.41); recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63.

Funding Source: 80% Federal and 20% Ohio Public Works Commission

BC2026-157

Department of Information Technology, on behalf of Sheriff’s Department recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of March 2026 in accordance with E02012-0001.

Funding Source: Revenue Generating

BC2026-158

Fiscal Department, presenting proposed travel/membership requests for the week of 3/30/2026:

Dept:	Department of Public Works							
Event:	Microgrid Knowledge Conference							
Source:	Microgrid Knowledge							
Location:	Orlando, FL							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Valerie Katz	5/4/2026 - 5/6/2026	\$195.00	\$148.00	\$636.61	\$80.00	\$319.46	\$1,379.07	Utility Operations Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Panel participant at the following session:

This session will explore how Cuyahoga Green Energy, a public utility formed by Cuyahoga County, OH, is bypassing traditional distribution to deliver reliable, high-quality power directly from transmission via utility-scale microgrids. Featuring insights from their flagship Euclid industrial district project, panelists will share how the utility is using private capital, innovative public-private partnerships, and manufacturing-focused resilience strategies to reinvent municipal utility models. The Euclid microgrid project is centered in an important industrial zone in Euclid, OH, and will serve six manufacturing companies that form a key part of the city’s economy and job base. The microgrid will include battery storage, solar panels, and natural gas gensets, and will serve 15 MW of load. The project is in the middle of its engineering phase, with construction scheduled to begin later in 2026. This session will present a real-world example of what can be done in the "utility of the future," demonstrate the role of public-private partnerships in grid innovation, and show how a community can take control of its energy future.

Dept:	Department of Public Works							
Event:	Greater & Greener 2026 Conference							
Source:	City Parks Alliance							
Location:	Austin, TX							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Trevor Hunt	6/14/2026 - 6/16/2026	\$450.00	\$136.00	\$537.40	\$80.00	\$530.00	\$1,733.40	Road & Bridge Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Mr. Hunt has been invited to serve as a presenter at the 2026 Greater & Greener Conference in the session titled “Transforming the Lake Erie Waterfront for Public Access & Environmental Resilience.” Mr. Hunt will join Jim

Sonnhalter of the County Planning Commission, along with David Wilson (LAND Studio) and Nathan Hilmer (SmithGroup), to discuss several catalytic shoreline projects that establish critical connections within countywide pedestrian and bicycle transportation networks. These projects emerged from the County’s Lakefront Public Access Plan (LPAP) and are currently being implemented by the Department of Public Works. Together, they offer a model for mitigating land loss and property damage while increasingly accommodating and facilitating natural shoreline processes. Presenters will share design insights, cross-sector collaboration strategies, and lessons learned throughout the process—from planning and concept development through implementation. Participation in the conference will also provide Continuing Maintenance (CM) credits toward Mr. Hunt’s AICP licensure.

Dept:	County Executive’s Office							
Event:	2026 NACO Annual Conference & Exposition							
Source:	National Association of Counties (NACO)							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Christopher Ronayne	7/16/2026 - 7/20/2026	\$575.00	\$300.00	\$1,800.00	\$200.00	\$500.00	\$3,375.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attend and participate in the NACO Annual Conference, a gathering of elected and appointed county officials from across the country that provides learning opportunities and shares best practices on the full range of county responsibilities and domestic policy issues.

Dept:	Department of Communications							
Event:	2026 NACO Annual Conference & Exposition							
Source:	National Association of Counties (NACO)							
Location:	New Orleans, LA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Razum	7/16/2026 - 7/20/2026	\$575.00	\$300.00	\$1,800.00	\$200.00	\$500.00	\$3,375.00	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attend and participate in the NACO Annual Conference, a gathering of elected and appointed county officials from across the country that provides learning opportunities and shares best practices on the full range of county responsibilities and domestic policy issues.

Dept:	Public Defender's Office							
Event:	Rise 26							
Source:	All Rise							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Brown	7/19/2026 - 7/23/2026	\$960.00	\$250.00	\$0.00	\$748.20	\$0.00	\$1,958.20	General Fund 82% reimbursed by Ohio Public Defender
Brian Hoffman	7/19/2026 - 7/23/2026	\$960.00	\$250.00	\$4,200.00	\$761.25	\$0.00	\$6,171.25	General Fund 82% reimbursed by Ohio Public Defender
Rachel Tallmadge	7/19/2026 - 7/23/2026	\$960.00	\$250.00	\$0.00	\$480.00	\$900.00	\$2,590.00	General Fund 82% reimbursed by Ohio Public Defender
Peri Long	7/19/2026 - 7/23/2026	\$960.00	\$250.00	\$0.00	\$480.00	\$900.00	\$2,590.00	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:

Rise26 is specifically tailored to enhance the skills, leadership, and training of the treatment court team with over 250 cutting-edge sessions, opportunities to connect and learn from colleagues around the world. Rise26 offers courses for the new practitioner and team members who have been in the field for years. The sessions will be a blend of providing what to watch for now and in the future and practical ways to implement these concerns at a minimal cost. The training will help the treatment court to focus attention on high-risk areas.

Dept:	Public Defender's Office							
Event:	89 th Annual NCJFCJ Conference							
Source:	National Council of Juvenile and Family Court Judges							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/	Air ***	Total	Funding Source

					Mileage **			
Jennifer Simmons	7/19/2026 - 7/23/2026	\$945.00	\$250.00	\$1,600.00	\$480.00	\$900.00	\$4,175.00	Ohio Supreme Court Legal Representation Pilot Project Grant (First Grant)

*Paid to host

**Staff reimbursement

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

Purpose:

This conference will feature educational presentations on topics specific to training tracks including domestic relations, juvenile justice, child welfare, family violence, and emerging issues, as well as general sessions led by thought leaders. The conference is designed for a wide range of disciplines and is open to all those who strive to improve the systems and change the lives of children, families and survivors in the court system and our communities. This training will be paid for through our FIRST GRANT.

Dept:	Sheriff's Department							
Event:	Axon Week							
Source:	Axon							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Perez	4/7/2026 - 4/10/2026	\$1,188.00	\$188.00	\$1,500.00	\$340.00	\$400.00	\$3,616.00	Continuing Professional Training Fund
Devlin Padraig	4/07/2026 - 4/10/2026	\$1,188.00	\$188.00	\$1,500.00	\$340.00	\$400.00	\$3,616.00	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attendance at the conference will help ensure that our team is understanding the latest in public safety technology and learning about innovative solutions for the future. Axon Week is public safety's premier technology and training conference and will feature keynotes on the future of public safety technology, training, breakout sessions on innovative solutions in the public safety sector. Expert speakers and panels will address highly requested topics on public safety policy, training, crime reduction, communication, and officer wellness among other topics.

Dept:	Medical Examiner's Office
Event:	CSTE Annual Conference A Beacon for Public Health Epidemiology GUI
Source:	Council for State and Territorial Epidemiologists
Location:	Boston, MA

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Stephanie Franks	5/31/2026 - 6/4/2026	\$950.00	\$300.00	\$1,788.68	\$144.89	\$550.00	\$3,733.57	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 Council for State and Territorial Epidemiologists (CSTE) Annual Conference is hosted by CSTE for all public health for public health professionals to enhance their expertise, access critical training, and engage in meaningful discussions that impact their daily work. Stephanie will be presenting 2 abstracts at this conference discussing findings from the Cuyahoga County's Pilot Drug Checking Program.

Dept:	Department of Public Safety and Justice Services							
Event:	The Gun Violence Prevention Forum							
Source:	Northwell Health							
Location:	New York, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Myesha Watkins	3/4/2026 - 3/5/2026	\$0.00	\$44.00	\$330.00	\$259.39	\$600.00	\$1,233.39	Landmark Ventures

All costs associated with this trip were paid directly by Landmark Ventures. Because this trip was being covered by an outside agency, Myesha wasn't aware the same process applied.

*Paid to host

**Staff reimbursement

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

Purpose:

Myesha served on the Cleveland, Ohio: The Power of Coming Together panel at this conference. This panel focused on how the Cleveland Cavaliers are leveraging their cultural influences and community trust, in partnership with local leadership, to bring together coalitions, engage stakeholders and using non-traditional resources to drive a reduction in gun violence.

BC2026-159

Department of Purchasing, presenting proposed purchases for the week of 3/30/2026:

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001167	Out-of-home care placement services for the period 2/1/2026- 2/28/2026 *	Division of Children and Family Services	RTC Resource Acquisition Corporation	\$13,693.12	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-31

Court of Common Pleas/Domestic Relations Court Division, submitting a grant award from Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount of \$40,000.00 for the Families First Program in connection with CY2026 Core Contract for the period 1/1/2026 - 12/31/2026.

Funding Source: Alcohol, Drug Addiction and Mental Health Services Board

ION2026-32

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
7603	3138 (fka Contract No. 2220	Canopy Child Advocacy Center, Inc.	For implementation of a Child Protection Teams model to address and prevent child abuse in Cuyahoga County; to add various Exhibits to modify the scope of work, budget and Budget Narrative for services to be provided during the term of this	\$0	Division of Children and Family Services	1/1/2023 – 12/31/2025 to extend the time period to 12/31/2027	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund	(Executive) 3/24/2026 (Law) 3/23/2026

			amendment; effective 1/1/2026.					
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, March 23, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

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

II. – REVIEW MINUTES – 3/16/2026

Michael Chambers motioned to approve the minutes from the March 16, 2026, meeting; Mellany Seay seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-126

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-126 was approved by unanimous vote.

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-127 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-128 was approved by unanimous vote.

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-129 was approved by unanimous vote.

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)

Anthony Scott, Director of Housing & Community Development, presented. Michael Houser asked did this slip through the crack through the transition between you and Director Parks. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-130 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-131 was approved by unanimous vote.

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

Kristen Kaspar, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-132 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Laura Black seconded. Item BC2026-133 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-134 was approved by unanimous vote.

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

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 BC2026-135 was approved by unanimous vote.

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

Kristen Kaspar on behalf of the County Executive and Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-136 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-137 was approved by unanimous vote.

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.

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-138 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-139 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-140 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-141 through BC2026-143; Michael Houser seconded. The Consent Agenda Items were approved by unanimous vote.

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
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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

*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 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.	\$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 Prevention Grant	(Executive) 3/13/2026
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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:19 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-144

Title	North Marginal Road Connector Shared Use Path from East 9th Street to East 55th Street in the City of Cleveland 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	4637	Independence Excavating, Inc.	n/a	\$10,812,068.09	July 16, 2024	R2024-0262
A-1	4637	Independence Excavating, Inc.	n/a	(\$0.01)	October 6, 2025	BOC Item of Note: Item No. 3
A-2	4637	Independence Excavating, Inc.	n/a	\$178,488.65	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.

Construction of 2.66 miles of shared-use path along North Marginal from East 9th Street to East 55th Street in the City of Cleveland in Cuyahoga County. Provides connectivity to existing paths operated by the Cleveland Metroparks. The project also includes resurfacing portions of North Marginal, full-depth reconstruction of North Marginal near the SR-2 ramps, retaining walls, lighting, landscaping, hydrant replacement, and traffic control.

Amendment #2 – This amendment is for various increases, decreases, and new plan items based on field conditions. Please see below for the justifications.

Decreased Items:
 Ref. No. 64 - Portion of this project contingency quantity will be removed/nonperformed from project contract to offset project increases/new items.
 Ref. No. 107 - Portion of this project contingency quantity will be removed/nonperformed from project contract to offset project increases/new items.

Ref. No. 141 - The project plans list 9 EACH contingency quantities for this item. A portion of this project contingency quantity will be removed/nonperformed from project contract to offset project increases/new items.

Increased Items:

Ref. No. 188 - Additional temporary striping was needed to open the road to two-way traffic in the Fall of 2025. Permanent striping could not be done in time to meet criteria for ODOT Spec while also accommodating the City of Cleveland and the Airshow. Permanent striping for the entire road to be completed near the conclusion of the project

Ref. No. 204 - There are existing pull boxes in the limits of the proposed trail that were called to be reconstructed/adjusted to grade. However, the existing boxes do not meet the current traffic rating needed by CPP. This increase in this line item will accommodate the change to the modern boxes, and the quantity for reconstruct/adjust to grade pull boxes will be decreased quantities on future amendments.

New Items:

Ref. No. 232 - The existing water main along Burke Airport was discovered to be behind the airport fence in several areas that required hydrant work. The water department specifications called for our hydrant work to go back to the main itself in order to replace the hydrants, valves, tees, etc. Due to the Cleveland Water Department specifications, and existing layout of the water main near the Burke airport, the contractor had to remove portions of the airport fence to access the water main that was inside the Burke property. The airport requires security when there are gaps in the airport fence. Upon completion of the hydrant work, the fence needed to be restored to its original security strength. This new item accounts for this work that was needed in order for the hydrant in this area to be completed per our project plans and CWD specifications.

Ref. No. 233 - After construction had started, the County and Contractor were made aware that there was a sanitary force main on the North side of N Marginal that was NOT marked or accounted for in the project plans. This is the third damaged portion of this sanitary force main that required repair in order to complete the planned project work in these areas.

Ref. No. 234 - After construction had started, the County and Contractor were made aware that there was a sanitary force main on the North side of N Marginal that was NOT marked or accounted for in the project plans. There are currently 14 Sanitary Force Main Lids that need to be replaced to accommodate the installation of the proposed lakefront trail.

Ref. No. 235 - Live gas line near Shoreline Apartments was not properly marked on project plans. Gas line sleeves needed to be installed on the existing line to accommodate its location inside the concrete curb wall that was installed in the Shoreline Parking lot.

Ref. No. 236 - The proposed plans for the Rock Retaining wall at Sailing Inc. originally had 1-2 feet wide exposed sloped aggregate base stone North of the trail on top of the wall. This force account allowed additional asphalt to be paved over top of the exposed stone so that it could be encapsulated and not eventually wash away (which would eventually cause undermining of the trail path on the wall).

Ref. No. 237 - The City of Cleveland has significantly adjusted costs for their road and sidewalk permits. This new item will count as reimbursement from the County for Independence Excavating to pay for these increased permit costs. Separate letters/agreements have been conducted with the County and the City of Cleveland to get these costs reimbursed back to the County (from the City) at the conclusion of the project.
which requires 646 epoxy.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): 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):
Independence Excavating, Inc. 5720 Independence Drive, Suite 500 Brecksville, Ohio 44141	Rob DiGeronimo - President
Vendor Council District:	Project Council District:
District 6	District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>14474</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 6/7/2024	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$10,812,068.09	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 9 / 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 (%): (7) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<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.
52.6% Federal Funding
2.8% County Road and Bridge \$7.50 Fund
1.2% City of Cleveland
43.4% Cleveland Metroparks

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 41% 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):	2/23/2026
Date documents were requested from vendor:	2/26/2026
Date of insurance approval from risk manager:	3/9/2026
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? No Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2026-145

Title	Online Auction Services 2026-2029	
Department or Agency Name	Purchasing	
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	6003	Auctions International, Inc.	the "Effective Date" – 12/31/2026	(revenue generating) anticipated amount \$150,000.00		

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.

The Department of Purchasing requesting approval of a contract with Auctions International, Inc. for Online Auction Services from the latest date of signatures of the parties through December 31, 2026, with no funding (the Vendor receives the payment from surplus item buyers). The Department has the option of extending the contract through 2029 as stated in the vendor-signed contract.

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

The primary goal of the project is for Auctions International Inc. to act as the County's representative to conduct internet auctions. It is the County's intent to sell surplus property by internet auction. In addition to conducting the internet auctions, Auctions International, Inc. also maintains a listing of pre-qualified bidders. County employees, other than those of the Department of Purchasing (DOP) are eligible to register with Auctions International, Inc. and bid on items available.

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):
 Identify surplus items
 Listing the assets for public bid
 Generating revenue for the County from the sale of these assets

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: Auctions International, Inc.	Owner, executive director, other (specify):
1176 Big Tree Road, East Aurora, New York 14052	Richard "RJ" Klisiewicz – Operations 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# 16240 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 212 / 2	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:03/05/2026, Item# 2026-TAC-023
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. N/A- County receives revenue from sales of surplus assets

Is funding for this included in the approved budget? Yes No (if "no" please explain): County receives revenue from sale of surplus assets

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): County receives revenue from sale of these surplus assets after the auctions finalized.

Provide status of project.

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission
Reason: Bid evaluation, contract drafting, insurance approval and document collection from the Vendor took more time than anticipated.

Timeline

Project/Procurement Start Date (date your team started working on this item):	8/29/2025
Date documents were requested from vendor:	01/12/2026
Date of insurance approval from risk manager:	02/03/2026
Date Department of Law approved Contract:	01/23/2025

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

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

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

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

Amendments (A-#)						
O	CM254	GovDeals	1/1/2021 – 12/31/2024	\$60,000.00	BC2020-619	11/16/2020
Amendment #1	CM1591(fka CM254)	GovDeals	1/1/2021 – 12/31/2024	\$32,000.00	BC2021 -747	12/13/2021
Amendment #2	3439 (fka CM1591, CM 254)	GovDeals	1/1/2021 – 12/31/2024	\$0.00 (scope of service)	ION #3	07/10/2023
Amendment #3	3439	GovDeals	1/1/2021 – 12/31/2025	\$0.00 (1 year time extension)	ION #3	11/12/2024

BC2026-146

Title	SHF; State Industrial Products dba State Cleaning Solutions; Cuyahoga County Corrections Center (CCCC) Jail Laundry Chemicals	
Department or Agency Name	Sheriff's Department	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26000713 -EXMT	State Industrial Products dba State Cleaning Solutions	3/1/2026 – 12/31/2026	\$40,000.00	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.

State Industrial Products dba State Cleaning Solutions provides the equipment used in the CCCC laundry department, therefore we use their laundry chemicals in order for State Industrial Products to honor the existing maintenance agreement. This will result in a not-to-exceed purchase order for \$40,000.00

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

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

Project Goals, Outcomes or Purpose (list 3): _____

-Provide the CCCC laundry department with the chemicals needed so they can continue washing inmate clothing, bedding, towels, etc.

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):
State Industrial Products 5915 Landerbrook Drive, Ste. 300 Mayfield Heights, OH 44127	Seth Uhrman, CEO
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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 SH100140 52250

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

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

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

Provide status of project.

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

Reason:

2/11/2026- Sent paperwork to vendor (Independent Contractor & Non-Competitive Bid Forms)
 2/19/2026- requested update on paperwork from vendor
 2/27/2026- requested update on paperwork from vendor
 3/11/2026- requested update on paperwork from vendor
 3/13/2026- documents received

Timeline

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

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

If late, have services begun? 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	24000640-EXMT	State Industrial Products	1/1/2024-12/31/2024	\$30,000.00	3/4/2024	BC2024-182
O	25000876-EXMT	State Industrial Products	3/1/2025-2/28/2026	\$30,000.00	3/24/2025	BC2025-207

BC2026-147

Title	OPIOID REMEDIATION	
Department or Agency Name	Sheriff's	
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	6038	ORIANA HOUSE, INC	EFFECTIVE DATE – 12/19/2026	134,240.00	CURRENT ITEM	

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

A contract in the amount of \$134,240.00 with Oriana House will support efforts to reduce the impact of substance use in Cuyahoga County. Through Opioid Remediation funding, the McDonnell Center will provide Medication Assisted Treatment (MAT) medications, related services and equipment, and salary support for Licensed Practical Nurses (LPNs).

Services will focus on the continuation and initiation of medication for opioid use disorder, including induction, monitoring, client education, and post-release linkages to community-based care. This funding will help close gaps in medical treatment during the transition from jail release to the Community-Based Correctional Facility (CBCF), reduce withdrawal complications and overdose risk, and increase the number of eligible individuals who initiate or continue MAT upon intake into the CBCF.

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): CCSD is serving as a pass-through.

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):
ORIANA HOUSE, INC 885 E. BUCHTEL AVE. AKRON, OH 44305	LISA FRASHER, ASSISTANT TO THE VICE PRESIDENTS
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. Grant process, as the McDonnell Center applied directly to the Office of the OAG; the CCSD is serving as a pass-through. *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.

100% Ohio Attorney General

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.

100%- SH285125, SH-25-Opioid-MD, 55130
We anticipate the accounting information listed is accurate, but we won't have confirmation information until after the MOU is fully executed and submitted by CCSD Fiscal to OBM to get the appropriations on a Fiscal Agenda. This could be a few weeks to have everything set up.

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:
Public Safety brokered the McDonnell Center's application and the Ohio Attorney General (OAG) award; the grant award, in the form of an MOU, was not presented to the Sheriff's Department for processing until late January 2026. The original MOU lacked the Executive's signature line and an amendment the MOU to correct the issue was necessitated.

Timeline

Project/Procurement Start Date (date your team started working on this item):	2/5/26
Date documents were requested from vendor:	2/5/26

Date of insurance approval from risk manager:	2/5/26
Date Department of Law approved Contract:	2/5/26
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Public Safety brokered the McDonnell Center's application and the Ohio Attorney General (OAG) award; the grant award, in the form of an MOU, was not presented to the Sheriff's Department for processing until late January 2026. The original MOU lacked the Executive's signature line and an amendment the MOU to correct the issue was necessitated.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-148

TITLE	Grant Authority to Apply for the LifeSet Opportunity Grant from Youth Villages for transition-age youth services
DEPARTMENT OR AGENCY NAME	Cuyahoga County Department of Health and Human 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 checked="" 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 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)	LifeSet Opportunity Grant	7/1/2026-6/30/2030	\$ 2,707,008.04		

<p>DESCRIPTION/ EXPLANATION OF THE GRANT:</p>	<p>The Cuyahoga County Department of Health and Human Services is requesting authority to apply for the LifeSet Opportunity Grant from Youth Villages for transition-age youth services for the period 7/1/2026-6/30/2030 in the amount of \$ 2,707,008.04.</p> <p>With the efforts underway to address youth homelessness, justice involvement, and independent living preparation for transition-age youth, LifeSet is a natural addition to engage young people as they prepare to emancipate from DCFS custody. Internally, DCFS is building out what IL planning will look like across the organization, but LifeSet can be a specific offering to young people who are looking for intensive one-on-one engagement, support, and accountability. As a jurisdiction, it is a goal that IL planning will be individualized and comprehensive; given the initiatives underway to prevent deeper justice involvement and/or homelessness amongst teens and young adults, LifeSet can be offered as an optional enhancement to the preparation all transition-age youth in custody are receiving.</p> <p>The goal is to better position Cuyahoga County to help young people find and maintain their housing, progress in their education or careers, and feel better connected to their communities and trusted adult supporters. With this newly established stability, young people will have fewer contact points with the justice system and feel hopeful and inspired about their futures.</p>
<p>PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):</p>	<p>Increased acquisition of affordable, safe, decent housing</p> <p>Increased enrollment into Bridges</p> <p>Increased education and workforce participation</p> <p>Reduced justice involvement.</p>

<p>GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	
<p>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.</p>	
<p>SUBRECIPIENT’S NAME AND ADDRESS:</p>	
<p>LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR</p>	
<p>SUBRECIPIENT’S COUNCIL DISTRICT:</p>	
<p>DOLLAR AMOUNT ALLOCATED:</p>	

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.
	30% Youth Villages LifeSet Opportunity Grant Budget
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match. Comprehensive Case Management and Employment Program, Temporary Assistance for Needy Families: 89.60% Chafee funds: 10.40%

BC2026-149

Title	Cuyahoga County Health and Human Services needs to make a final payment on expired Contract CM5073 which expired on 12/31/2025
Department or Agency Name	Health and Human Services-Health Policy
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	5073 fka 3797	Children's Hospital Medical Center	1/1/24 – 12/31/25	\$257,400.00	10/23/2023	BC2023-662
	26001062	Children's Hospital		\$32,175.00.	Pending	pending

		Medical Center				
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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 Department of Health and Human Services is requesting approval of a purchase order with Children’s Hospital Medical Center for services concerning drug and poison-related calls. This is purchase order PO 26001062 to make a payment for the October 1, 2025 - December 31, 2025 invoice on a contract that expired on 12/31/2025 (CM 5073), in the anticipated amount of \$32,175.00.

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

For purchases of furniture, computers, vehicles: Additional Replacement

Age of items being replaced: _____ How will replaced items be disposed of _____

Project Goals, Outcomes or Purpose (list 3):

Children’s Hospital Medical Center will provide 24 hours-a-day emergency information telephone service during calendar years 2024 and 2025.

Children’s Hospital Medical Center will provide physicians with drug information regarding the interaction of specific drug and/or clinical impact of drugs on patients (professional toxicology consultation), upon request Provider will maintain records on all calls received and referrals made.

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):
Cincinnati Children’s Hospital Medical Center 3333 Burnett Avenue, MLC 9004 Cincinnati, OH 45229	Jonathan Colvin, Managing Director
Vendor Council District:	Project Council District:
Serving County Wide	Serving County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	County Wide

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Health and Human Services Levy Funds
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. HS260100 55130 UCH09999
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. Contract ended.	
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

BC2026-150

Title	Department of Health and Human Services/Division of Children and Family Services DCFS 2026: Biometric Information Management Mobile Fingerprinting
Department or Agency Name	Department of Health and Human Services/ 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.
	26001130	Biometric Information Management		\$14,330.00		

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.
 Requesting approval to purchase Two (2) Mobile Fingerprinting Units from Biometric Information Management for the cost of \$14,330.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The primary goal of purchasing two mobile fingerprinting units for fingerprinting potential foster parents is to enhance the efficiency and accuracy of the foster parent screening process. Fingerprinting is used for identification and background checks, and it can provide a reliable method for verifying the identities of individuals and checking their criminal records.
 By implementing mobile fingerprinting units, the foster care system can streamline the process of capturing fingerprints and conducting background checks on potential foster parents. This technology allows for on-site fingerprinting, eliminating the need for individuals to travel to a specific location for fingerprinting. It saves time and resources for both the agency and the applicants.
 The mobile fingerprinting units could also improve the accuracy of the screening process by reducing the chances of identity fraud or false information provided by potential foster parents. The fingerprints collected are compared against national or local databases to identify any criminal records or other relevant information that may affect their suitability to become foster parents.

Overall, the primary goal is to enhance the efficiency and effectiveness of the foster parent screening process, helping to ensure the safety and well-being of children in need of foster care. Fingerprinting is required for foster parents to conduct mandatory state and national criminal history background checks, ensuring the safety and protection of children in out-of-home care per ORC 2151.86

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: Biometric Information Management LLC 6059 Frantz Road, Suite 102 Dublin, OH 43017	Owner, executive director, other (specify): The seller administrator for the contractor/vendor is Brianna Smith
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. *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 State Contract, list STS number and expiration date 534422 expiring 12/31/26 <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: n/a
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- Check if item on IT Standard List of approved purchase and provide date of TAC approval. Please see attached supporting e-mail.
- 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.

65% Health and Human Services Levy and 35% State Title IV-E

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

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

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

Provide status of project.

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

Reason:

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) No, nothing ordered waiting for BOC approval.

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.
	24004189 QUOT	Biometric Information Management		\$4,000.00		

BC2026-151

TITLE	Office of Early Childhood/Invest in Children - United Way of Greater Cleveland – Cuyahoga County Public Library – Cleveland Public Library; Memorandum of Understanding for Family Space Project.
DEPARTMENT OR AGENCY NAME	Office of Early Childhood/Invest in Children

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)	United Way	11/1/2021-12/31/2023	11/1/2021	BC2021-620
Amendment (A)	United Way	1/1/2024-12/31/2024	12/4/2023	BC2023-787

STATUS OF PROJECT:	<input type="checkbox"/> New Agreement <input checked="" type="checkbox"/> Recurring Agreement
DESCRIPTION/EXPLANATION OF REQUEST:	<p>Identified branches of the CCPL and CPL will provide space for the operation of the County's FamilySpace Initiative which will offer comprehensive family-oriented services through early childhood information, parenting education and family.</p> <p>The original contract (CM 1784) was for \$460,000.00. At the end of the term of the original contract, the amount of \$73,159.87 of the funds remained unused. This Memorandum of Understanding outlines the following:</p> <p>United Way will serve as the short-term funder and will remit payment directly to CCPL and CPL to spend down the Funds of</p>

	<p>Seventy-Three Thousand One Hundred Fifty-Nine Dollars and Eighty-Seven cents (\$73,159.87) for the Services Invoices for the Services shall be sent by CCPL and CPL to both a County and UW representative. Upon approval from the County, UW shall submit payment to CCPL and CPL.</p> <p>Invoices for the Services shall be sent by CCPL and CPL to both a County and UW representative. Upon approval from the County, UW shall submit payment to CCPL and CPL.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Family Space will serve as neighborhood hubs of programming, information-sharing, and community building for families in an environment designed for their needs.</p> <p>Family Spaces will offer comprehensive family-centered services through early childhood information, parent education, and family support.</p>
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	<p>United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, OH 44115</p>
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	August Napoli, President and CEO
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	Council District 7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	N/A
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	Countywide

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	Updates to the MOU requested by the vendors affected the timeliness of this request.
HAVE WORK/SERVICES BEGUN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if "yes" please explain):

PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	1/20/2026
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	3/11/2026

BC2026-152

Title	OHS; Emerald Development and Economic Development (EDEN), Inc; 2026-2027 Amendment 2 for Facilities Services at 2710 Walton Ave
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	4981	Emerald Development and Economic Network, Inc.	4/1/24 – 3/31/25	\$350,000.00	12/2/2024	BC2024-900
A-1	4981	same as above	4/1/25- 3/31/26	\$458,585.00	4/7/25	BC2025-247/59182252
A-2	4981	same as above	1/1/26- 10/31/26	\$291,666.67	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.

EDEN owns and operates 2710 Walton Avenue, which serves as a swing site shelter during the estimated two-year construction of Norma Herr. The site provides a total of 102 beds for single adult women experiencing homelessness.

EDEN is responsible for regular facilities and maintenance services at the site and for ensuring that the building operates in accordance with Continuum of Care shelter standards.

This is the second amendment, adding funds in the amount of \$291,666.67 for the term of 1/1/26 – 10/31/26.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: N/A How will replaced items be disposed of: N/A
Project Goals, Outcomes or Purpose (list 3): <ul style="list-style-type: none"> • Provide facilities maintenance and upkeep of swing site shelter for women • Offer accommodation for 102 shelter guests • Maintain building in compliance with local requirements & approved shelter 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: Emerald Development and Economic Network 7812 Madison Ave Cleveland, Ohio 44102	Owner, executive director, other (specify): Elaine Gimmel, Executive Director
Vendor Council District: 7	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

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

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; UCH09999; 55130

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

Provide status of project.
 This is a request to amend a current agreement. Services are being provided currently to this vulnerable population.

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: Working with vendor on budget agreement as there were changes to funding sources	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/23/2026 (DCAP)
Date documents were requested from vendor:	2/27/2026; 3/6/2026
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	3/11/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2026-153

Title	OHS; Housing Innovations; 2026 Contract Amendment #3 for Continuum of Care Planning Support
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4141	Housing Innovations	1/1/24 – 12/31/24	\$220,000.00	03/11/2024	BC2024-203
A1	5198	Housing Innovations	1/1/25 – 12/31/25	\$220,000.00	03/10/2025	BC2025-175/58885047
A2	5198	Housing Innovations LLC	1/1/26-12/31/26	\$220,000.00	2/3/2026	BC2026-83/62785608
A3	5198	Housing Innovations LLC	1/1/26-12/31/26	\$75,000.00	Pending	Pending

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

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

This is an existing service covered under CM5198 (f.k.a. 4141). This is a third amendment, adding funds in the amount of \$75,000. There is no change to the existing scope.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Assess and provide recommendations to improve CoC effectiveness and efficiency.
 Assist in coordinating system-wide planning for strategic initiatives.
 Provide technical assistance to the Office of Homeless Services in applying for federal grant programs.

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

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

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

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

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

<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
 100% US Department of Housing and Urban Development - CoC Planning Grant

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 Accounting Unit - HS220115; Accounting # - 55130; Activity Code - HS-26-COC-PLAN

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

Provide status of project.
 Recurring service under current contract CM5198 (f.k.a. CM4141)

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

Reason: Due to a delay in receiving the grant from HUD

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/3/2025 for Amend 2 (OHS); 2/6/2026 for Amend 3 (OHS); 2/23/2026 (DCAP)
Date documents were requested from vendor:	11/13/2025; 3/5/2026

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 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

BC2026-154

Title	OHS; Salvation Army; 2025-2026 Amendment 2 for Rapid Rehousing and Shelter for Families
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	4500	Salvation Army	6/1/24 – 5/31/25	\$374,731.00	07/01/2024	BC2024-498
A1	4500	Salvation Army	6/1/25 – 5/31/26	\$374,731.00	2/3/2026	BC2025-356/600016494
A2	5937 (4500)	Salvation Army	6/1/25- 5/31/26	\$23,185.00	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 Cleveland/Cuyahoga Homeless Continuum of Care prioritizes access to shelter and rapid rehousing services for families facing literal homelessness. Families can receive referrals to immediate, safe shelter through Coordinated Intake (CI), the point of entry to services within the Homeless Continuum of Care. Salvation Army operates one of four family shelters within the CoC, offering case management focuses on rapid exit into housing by expediting the housing process, including assistance with housing searches and placement. There are no barriers to Rapid Re-housing (RRH) referrals; all families, regardless of income, behavioral health issues, criminal background, or domestic violence, are to be referred for RRH within 7 days of entering shelter. Additionally, RRH case managers continue to support families after they move into permanent housing, ensuring the transition is stable and sustainable. Regular meetings between CI staff, RRH providers, and shelter case managers help monitor and support client progress toward these goals.

This is the second amendment for an existing service for the period of June 1, 2025 – May 31, 2026, in an amount to add \$23,185.00 with no change in scope.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of N/A
Project Goals, Outcomes or Purpose (list 3): Provide safe, decent shelter for families facing homelessness and/or domestic violence; Move families from homelessness into permanent housing as quickly as possible using Rapid Rehousing assistance; Link families with ongoing community supports to ensure housing stability.

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: Salvation Army 440 West Nyack Rd West Nyack, NY 10994	Owner, executive director, other (specify): Michael Southwick, secretary
Vendor Council District: n/a – out of state corporate location	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	1710 Prospect Avenue Cleveland, OH 44115

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. RFP exemption due to subgrant *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
100% US Department of Housing and Urban Development Rapid Rehousing for Families 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.
HS220110/55130/HS-25-COC-RRH/55130

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

Provide status of project. Currently performing under Amendment 1 for 2025-2026

Is contract/purchase late No Yes, In the fields below provide reason for late and timeline of late submission
Reason: HUD was delayed in issuing notices of award amounts and grant agreements.

Timeline

Project/Procurement Start Date (date your team started working on this item):	2/25/2026 (Received in DCAP)
Date documents were requested from vendor:	2/26/2026; 3/6/2026;3/10/2026;3/11/2026
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	3/16/2026

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

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

Have payments been made? No Yes (if yes, please explain) No payments have been made against the proposed amended amount of \$23,185.00

HISTORY (see instructions):

C. - Consent Agenda

BC2026-155

Title	North Main Street Bridge AMD #3 (Final)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	3952	The Great Lakes Construction Co.	05/08/2023-11/17/2023	\$8,018,591.97	December 5 th , 2023	R2023-0362
A-1	3952	The Great Lakes Construction Co.	n/a	\$0	September 3 rd , 2024	Item No. 2
A-2	3952	The Great Lakes Construction Co.	n/a	\$0	August 25 th , 2025	BC2025-550
A-3	3952	The Great Lakes Construction Co.	n/a	(\$55,712.36)	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 consist of rehabilitation of existing structures over the Charin River by lining the existing stone arches with precast and cast in place concrete arches supported on new concrete pedestals, constructing new concrete headwalls (spandrel walls), rehabilitating existing retaining walls, and installing new sidewalks, decorative railings, and the resurfacing of North Main Street.

This is the 3rd and final amendment, decreasing the project cost by a total of \$55,712.36. This amendment contains numerous increases and decreases of bid items that were required to meet the scope of the project. There are 6 new items.

Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): See above

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
The Great Lakes Construction 2608 Great Lakes Way Hinckley, OH 44233	Albert P. Leonard
Vendor Council District: n/a	Project Council District: 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>13433</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 10/30/2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$8,018,597.97	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (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 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?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement)
One Bid Received. Lowest and Best.	<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.

44% Federal
30% Ohio Public Works Commission
19% Municipality
7% County Road & Bridge \$5.00 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.
Complete pending project closeout.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	1/6/2026
Date documents were requested from vendor:	1/9/2026
Date of insurance approval from risk manager:	1/14/2026
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? No Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2026-156

Title	Broadway Avenue (CR-12) Resurface Existing Roadway from Macedonia Road to Richmond Road in the Village of Oakwood, Ohio AMD #1(Final)
Department or Agency Name	Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5066	Vandra Brothers Construction, Inc.	n/a	\$2,004,831.95	February 11 th , 2025	R2025-0062
A-1	5066	Vandra Brothers Construction, Inc.	n/a	(\$257,414.41)	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.

This project includes the resurfacing of 1.39 miles of Broadway Avenue (CR-12) from Macedonia Road to Richmond Road in the Village of Oakwood. Work tasks include the installation of new asphalt intermediate and surface courses, full and partial depth pavement repairs, curb, sidewalk, and drive apron repairs (as required), utility casting adjustments, ADA upgrades and new pavement markings for the length of the corridor.

Amendment #1 (Final) – numerous increases, decreases, and new items to close out the project

New Items:
 REF 98: Work was done to remove excess epoxy joint filler and asphalt from gutter area.
 REF 99: Work was done due to adjustment of grade at Pettibone intersection in order to meet ADA ramp compliance.
 REF 100: Work was done to remove excess epoxy joint filler and asphalt from gutter area.
 REF 101: Decorative blocks at Pettitis garden center were temporarily removed from their positions to address sidewalk trip hazards and then replaced in their original orientation.
 REF 102: Upon milling the asphalt it was found to have a substantial amount of full-depth concrete in sections of the road. Due to this the contractor was paid for additional work due to the wearing of Milling equipment teeth.
 REF 103: Price Adjustment
 REF 104: Upon arriving on site at this location, this water vault was damaged and presented a hazard to the motoring public. A new cover and frame were purchased to fix the issue.
 REF 105: Upon the removal of asphalt, another water vault was discovered and adjusted.

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):
Vandra Brothers Construction, Inc. 24629 Broadway Ave. Oakwood Village, Ohio 44146	Bruno Melaragno - President
Vendor Council District:	Project Council District:
District 6	District 6
If applicable provide the full address or list the municipality(ies) impacted by the project.	Village of Oakwood , Ohio

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>15314</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: \$2,004,831.95	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 10 / 7	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (7) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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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 – 80%
 Ohio Public Works Commission – 20%

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 90% complete. This amendment will help close out the project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/3/2026
Date documents were requested from vendor:	3/4/2026
Date of insurance approval from risk manager:	3/12/2026
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? No Yes (if yes, please explain)

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

HISTORY (see instructions): see chart above

BC2026-157

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount of \$1.00 in accordance with EA02012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org

1814 E. 40th Street

Cleveland, Ohio 44103

Kenny Kovach-Director

Sheriff's Office Scrapped Equipment List								
Type of Equipment	ISC#	Model#	Age of Service		Type of Equipment	ISC#	Model#	Age of Service
Desktop Computer	86644	Prodesk 600 G1	10+		Printer	AAADC01434	Fi-6670	10+
Desktop Computer	86198	ProDesk 600 G4	10+		Printer	AAADC01440	Fi-6670	10+
Desktop Computer	64557	Dell Optiplex 740	10+		Printer	58492	HP LaserJet CP3505	10+
Desktop Computer	84428	HP Z220	10+		Laptop	84594	HP Elitebook 850 G3	10+
Desktop Computer	79404	HP Z220	10+		Laptop	86473	HP Probook 650 G1	10+
Desktop Computer	78160	HP Z220	10+		Laptop	91937	HP Elitebook 850 G6	10+
Desktop Computer	2UA2501KL4	HP Z220	10+		Laptop	92028	HP Elitebook 850 G6	10+
Desktop Computer	80791	HP Z220	10+		Laptop	G7CPGG1	Dell Percision 74300	10+
Desktop Computer	85831	HP Z220	10+		Laptop	79062	Elitebook 8570p	10+
Desktop Computer	2UA30207CZ	HP Z220	10+		Laptop	F7CPGG1	Dell Percision 74300	10+
Desktop Computer	79530	HP Z230	10+		Laptop	86471	HP Probook 650 G1	10+
Desktop Computer	80139	HP Z230	10+		Laptop	83593	HP Probook 650 G1	10+
Desktop Computer	79246	HP Z230	10+		Laptop	84598	HP Elitebook 850 G3	10+
Desktop Computer	79366	HP Z230	10+		Laptop	88692	HP Probook 650 G2	10+
Desktop Computer	79503	HP Z230	10+		Laptop	80634	HP Probook 650 G2	10+
Desktop Computer	79234	HP Z230	10+		Laptop	80633	HP Probook 650 G2	10+

Desktop Computer	79671	HP Z230	10+		Laptop	79043	HP Elitebook 850 G3	10+
Desktop Computer	79368	HP Z230	10+		Laptop	84610	HP Elitebook 850 G3	10+
Desktop Computer	89108	HP Z240	10+		Laptop	CNF4411357	Compaq NX9030	10+
Desktop Computer	88491	HP Z240	10+		Monitor	92416	HP P22HG4	10+
Desktop Computer	90231	HP Z240	10+		Monitor	86617	HP Pro Display P221	10+
Desktop Computer	89191	HP Z240	10+		Monitor	58886	Dell E178FPV	10+
Desktop Computer	90300	HP Z240	10+		Monitor	3CM23338V W	HP P22HG4	10+
Desktop Computer	90077	HP Z240	10+		Monitor	79771	HP P221	10+
Desktop Computer	90459	HP Z240	10+		Monitor	79257	HP P221	10+
Desktop Computer	90079	HP Z240	10+		Monitor	85029	HP P222VA	10+
Desktop Computer	90458	HP Z240	10+		Monitor	79554	HP P221	10+
Desktop Computer	90259	HP Z240	10+		Monitor	84490	HP P221	10+
Desktop Computer	89501	HP Z240	10+		Monitor	51887	Dell 170FPT	10+
Desktop Computer	89051	HP Z240	10+		Monitor	63513	Dell 170FPT	10+
Desktop Computer	91652	HP Z2 G4	5+					

BC2026-158

(See related items for proposed travel/memberships for the week of 3/30/2026 in Section C above).

BC2026-159

(See related items for proposed purchases for the week of 3/30/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-31

TITLE	ADAMHS 2026 Funding for Families First Program
DEPARTMENT OR AGENCY NAME	Domestic Relations Court

<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 checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	2026 ADAMHS Board Funding	01/01/2026-12/31/2026	\$40,000.00	BOC Mtg 3/24/2025	CON2025-21
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/EXPLANATION OF THE GRANT:		<p>Court of Common Pleas/Domestic Relations Court Division, submitting a grant award from Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the amount of \$40,000.00 for the Families First Program in connection with CY2026 Core Contract for the period 1/1/2026- 12/31/2026. Funding Source: Alcohol, Drug Addiction and Mental Health Services Board</p> <p>Funds will be used to serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>To serve clients with substance use (SUD) and/or mental health (MHD) disorders, addressing the SUD/MHD while simultaneously supporting improved parent/child and co-parent relationships.</p>			

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

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.
	ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD
	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.

ION2026-32

(See related list of Contracts up to \$10,000.00 – processed and executed for the week of 3/30/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT