



**Cuyahoga County Board of Control Agenda
Monday, April 6, 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 – 3/30/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-160

Department of Public Works, submitting an amendment to a Master Contract with various providers for purchase of various materials and supplies on an as needed basis, for road and bridge related maintenance and repairs, including special projects for use by the Road and Bridge Division for the period 3/14/2023 – 3/13/2027, to change the name of the vendor on Contract No. 3196, and for additional funds in the total amount not-to-exceed \$490,000.00, effective upon signatures of all parties:

- a) Contract No. 3192 with Crown Cleaning Systems and Supply, Inc., dba Crown Cleaning Systems in the anticipated amount of \$3,000.00.
- b) Contract No. 3195 with LumberOne Supply, LLC in the anticipated amount of \$3,000.00.
- c) Contract No. 3196 to change the name from PPG Architectural Finishes, Inc. to The Pittsburgh Paints Co. in the anticipated amount of \$2,000.00.
- d) Contract No. 3197 with SiteOne Landscape Supply in the anticipated amount of \$4,000.00.
- e) Contract No. 3198 with The Chas E. Phipps Company in the anticipated amount of \$40,000.00.
- f) Contract No. 3963 with Carr Brothers, Inc. in the anticipated amount of \$355,000.00.
- g) Contract No. 3964 with W. W. Grainger, Inc. in the anticipated amount of \$8,000.00.
- h) Contract No. 6039 (fka Contract No. 3965) with Hilti, Inc. in the anticipated amount of \$2,500.00.
- i) Contract No. 3967 with Industrial Safety Products, Inc. in the anticipated amount of \$4,500.00.
- j) Contract No. 3968 with The Sherwin Williams Company in the anticipated amount of \$13,000.00.
- k) Contract No. 3969 with Stoneco, Inc. dba Allied Corporation in the anticipated amount of \$55,000.00.

Funding Source: Road and Bridge Fund

BC2026-161

Department of Public Works, submitting an amendment to Contract No. 4353 (fka Contract No. 2530) with Orchard, Hiltz & McCliment, Inc. dba OHM Advisors for engineering services for the Lake Road-Clifton Boulevard Project in the Cities of Lakewood and Rocky River in connection with the Cuyahoga County Lakefront Access Plan for the period 8/10/2022 – 12/31/2026 to extend the time period to 2/28/2028, to amend terms, and for additional funds in the amount not-to-exceed \$25,000.00, effective upon signature of all parties.

Funding Source: Road and Bridge Fund

BC2026-162

Department of Information Technology, recommending an award on Purchase Order No. 26000534 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$60,180.00 for a state contract purchase of (1700) HP Absolute Resilience Service subscriptions for the period of 1 year from activation.

Funding Source: General Fund

BC2026-163

Department of Information Technology,

- a) Submitting an RFP Exemption, which will result in an award recommendation to CAKE.com Inc. in the amount not-to-exceed \$16,799.40 for the renewal of Clockify’s annual standard software license subscription for the period 2/28/2026 – 2/28/2027.
- b) Recommending an award on Purchase Order No. 26001212 to CAKE.com Inc. in the amount not-to-exceed \$16,799.40 for the renewal of Clockify’s annual standard software license subscription for the period 2/28/2026 – 2/28/2027.

Funding Source: 87% General Fund, 6% Health and Human Services Levy Fund, 3% Self Insurance Fund, 2% Public Utilities Fund, and 2% Workers Compensation Fund

BC2026-164

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Advizex Technologies LLC in the amount not-to-exceed \$15,230.60 to purchase at lower than State Contract pricing (8) HPE Server Chassis Throughput Conversion hardware, various accessories, and support services.
- b) Recommending an award on Purchase Order No. 26001286 to Advizex Technologies LLC in the amount not-to-exceed \$15,230.60 to purchase at lower than State Contract pricing (8) HPE Server Chassis Throughput Conversion hardware, various accessories, and support services.

Funding Source: Capital Improvement Plan

BC2026-165

Department of Information Technology, recommending an award on Purchase Order No. 26001292 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$144,788.00 for a joint cooperative purchase of various Cisco networking products, software subscription services, licensing and support for the Columbus data center.

Funding Source: Capital Improvement Plan

BC2026-166

Department of Purchasing, submitting an amendment to Contract No. 5412 (fka Contract Nos. 3038 and 870) with W.B. Mason Co., Inc. for general office supplies and related services for the period 4/1/2021 – 3/31/2026 to extend the time period to 3/31/2027, to change the pricing list, and for additional funds in the amount not-to-exceed \$375,000.00, effective 4/1/2026.

Funding Source: General Fund

BC2026-167

County Prosecutor, submitting an amendment to a Memorandum of Understanding with the Cuyahoga County Medical Examiner’s Office (formerly Agreement No. 2782) for research and analysis of unsolved violent crime cases for the period 10/18/2022 – 10/1/2025; to extend the time period to 10/1/2026 and for additional funds in the amount not-to-exceed \$57,000.00, effective 10/1/2025.

Funding Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Affairs 2022 BJA Prosecuting Cold Cases Using DNA Grant

BC2026-168

Sheriff’s Department,

- a) Submitting an RFP exemption, which will result in a payment to The MetroHealth System in the amount not-to-exceed \$50,000.00 for pharmaceutical services and expenses related to the 2026 Medication Assisted Treatment Grant.
- b) Recommending a payment on Purchase Order No. 26001247 to The MetroHealth System in the amount not-to-exceed \$50,000.00 for pharmaceutical services and expenses related to the 2026 Medication Assisted Treatment Grant.

Funding Source: Opioid Remediation Peer Grant

BC2026-169

Sheriff’s Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Summit Food Service, LLC in the amount not-to-exceed \$18,280.00 for purchase of food and related services for 2026 National Correctional Officers Week.

- b) Recommending an award on Purchase Order No. 26001282 to Summit Food Service, LLC in the amount not-to-exceed \$18,280.00 for purchase of food and related services for 2026 National Correctional Officers Week.

Funding Source: General Fund

BC2026-170

Sheriff’s Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Cellebrite USA, Corp. dba Cellebrite, Inc. in the amount not-to-exceed \$40,000.00 for the renewal of (1) Guardian Forensics Bundle, including 10TB Guardian Forensic Subscription and 10TB Guardian Archive Capacity Subscription for the period 3/18/2026-3/17/2027.
- b) Recommending an award on Purchase Order No. 26001304 to Cellebrite USA, Corp. dba Cellebrite, Inc. in the amount not-to-exceed \$40,000.00 for the renewal of (1) Guardian Forensics Bundle, including 10TB Guardian Forensic Subscription and 10TB Guardian Archive Capacity Subscription for the period 3/18/2026-3/17/2027.

Funding Source: General Fund

BC2026-171

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to College Now Greater Cleveland, Inc. in the amount not-to-exceed \$25,000.00 to establish and administer a scholarship program for individuals pursuing careers in public safety and justice services, effective upon signatures of all parties for a period of 1 year.
- b) Recommending an award and enter into Contract No. 6040 with to College Now Greater Cleveland, Inc. in the amount not-to-exceed \$25,000.00 to establish and administer a scholarship program for individuals pursuing careers in public safety and justice services, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund

C. – Consent Agenda

BC2026-172

Fiscal Department, presenting proposed travel/membership requests for the week of 4/6/2026

Dept:	Sheriff’s Department
Event:	2026 NSA Annual Conference
Source:	National Sheriffs Association
Location:	Omaha, NE

Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harold Pretel	6/7/2026- 6/11/2025	\$530.00	\$200.00	\$968.00	\$175.00	\$700.00	\$2,573.00	Law Enforcement Trust Fund
Tatiana Ward	6/7/2026- 6/11/2025	\$370.00	\$200.00	\$968.00	\$175.00	\$700.00	\$2,413.00	Law Enforcement Trust Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Mandatory Annual Conference Training & FLETC Homeland Security Leadership Academy
(Certification)

BC2026-173

Department of Purchasing, presenting proposed purchases for the week of 4/6/2026

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26000269	MSY placement services for the period 9/23/2025- 12/10/2025*	Division of Family and Children First Council	Ohio Department of Medicaid	\$10,418.40	State MSY Fund
26001197	MSY placement services for the period 5/1/2025- 9/30/2025**	Division of Family and Children First Council	Ohio Department of Medicaid	\$12,180.00	State MSY Fund

*Approval No. BC2025-473 dated 7/21/2025, which approved an alternative procurement process which will result in award recommendations to various County agencies and various providers referred by County agencies in the total amount not-to-exceed \$375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi-system needs in connection with Multi-System State Youth Program for the period 7/1/2025 – 6/30/2027.

**Approval No. BC2024-786 dated 10/28/2024, which approved an alternative procurement process which will result in award recommendations to various County agencies and various providers referred by County agencies in the total amount not- to- exceed \$375,000.00 as reimbursement for technical assistance and financial assistance to children, youth and families with complex multi- system needs in connection with Multi- System Youth Program for the period 7/1/ 2024-6/30/2025.

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-33

Department of Public Works, submitting a grant award from VCA Charities in the amount of \$2,050.00 to support the Cuyahoga County Animal Shelter’s Dogs Day Out Program in connection with VCA Charities 2026 Dog Day Out Supply Grant.

Funding Source: VCA Charities Dog Day Out Field Trip Program

ION2026-34

Department of Public Safety and Justice Services, submitting an amendment to a grant agreement with U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance for Mental Health and Addiction Initiative, in connection with the FY2022 Byrne Discretionary Funding Grant Program for the period 3/15/2022 – 9/30/2023, to amend the original end date to 3/31/2025 and to extend the time period to 2/28/2027; no additional funds required.

Funding Source: FY2022 U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance Grant

ION2026-35

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	3970 (fka 228)	The MetroHealth System	For Correctional Health Care Services	\$0.00	Sheriff’s Department	5/9/2019-4/1/2026; to extend the time period to 5/31/2026	(Original) General Fund	(Executive) 3/27/2026 (Law) 3/26/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, March 30, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

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

II. – REVIEW MINUTES – 3/23/2026

Michael Chambers motioned to approve the minutes from the March 23, 2026, meeting; Meredith Turner 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

BC2026-144

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-144 was approved by unanimous vote.

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

Paul Porter, Department of Purchasing, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-145 was approved by unanimous vote.

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

Kathryn Guinther, Sheriff's Department, presented. There were no questions. Michael Chambers motioned to approve the item; Laura Black seconded. Item BC2026-146 was approved by unanimous vote.

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

Kathryn Guinther, Sheriff's Department, presented. Meredith Turner asked do we have any data on the numbers, are they going down as it relates to inmates that are afflicted with this addiction, do we have numbers that tell us how many inmates are actually utilizing these drugs- these services, is there some kind of comprehensive report maybe a past one or something that's coming up, said I think we had received an update a couple months back that there is a shift now away from opioid use and more so to cocaine and other things that you discussed, it would be good to see some numbers. The Presenter will

follow up. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-147 was approved by unanimous vote.

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.

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-148 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-149 was approved by unanimous vote.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-150 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-151 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. Robert Schleper asked if this is just an extension because we have a need because our other shelter is currently under construction. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-152 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-153 was approved by unanimous vote.

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

Sharonda Mason, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-154 was approved by unanimous vote.

C. – Consent Agenda

Robert Schleper asked in relation to BC2026-155, Contract No. 3952 the (\$55,712.36) a decrease that was not spent, will it be allocated back into those funding sources based on the percentages that are listed.

There were no additional questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-155 through BC2026-159 as amended; Robert Schleper seconded. The Consent Agenda Items were approved by unanimous vote as amended.

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 U. S. Department of Energy Grant

*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 Country, 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/ Mileage **	Air ***	Total	Funding Source
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	For implementation of a Child Protection Teams model to	\$0	Division of Children and Family Services	1/1/2023 – 12/31/2025 to extend	65% Health and Human Services Levy Fund and	(Executive) 3/24/2026 (Law)

		Advocacy Center, Inc.	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 amendment; effective 1/1/2026.			the time period to 12/31/2027	35% Title IV-E Reimbursement Fund	3/23/2026
--	--	-----------------------	--	--	--	--------------------------------------	-----------------------------------	-----------

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 11:21 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-160

Title	Public Works-Road & Bridge Master Contract Amendment 3- Various Parts and Supplies
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue <input type="checkbox"/> Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
(O)		Various Vendors-See Below	03/14/2023- 03/12/2025	\$400,000.00	03/13/2023	BC2023-160
	CM3192	Crown Cleaning Systems & Supply, Inc. dba Crown Cleaning Systems		\$50,000.00		
	CM3196	PPG Architectural Finishes, Inc.		\$50,000.00		
	CM3197	SiteOne Landscape Supply		\$50,000.00		
	CM3198	The Chas E Phipps Co.		\$200,000.00		
(A-1)		Various Vendors-See Below	01/01/2024- 03/13/2025	\$400,000.00	02/12/2024	BC2024-98
	CM3192	Crown Cleaning Systems & Supply, Inc. dba Crown Cleaning Systems		\$0.00		
	CM3195	LumberOne Supply, LLC		\$0.00		
	CM3196	PPG Architectural Finishes, Inc.		\$0.00		
	CM3197	SiteOne Landscape Supply		\$0.00		
	CM3198	The Chas E Phipps Company		\$0.00		
	CM3963	Carr Bros, Inc.		\$280,000.00		
	CM3964	W.W. Grainger, Inc.		\$20,000.00		
	CM3965	Hilti, Inc.		\$15,000.00		
	CM3967	Industrial Safety Products, Inc.		\$15,000.00		

	CM3968	The Sherwin Williams Company		\$25,000.00		
	CM3969	Stoneco Inc., dba Allied Corporation		\$45,000.00		
(A-2)		Various Vendors-See Below	03/14/2025-03/13/2027	\$400,000.00	02/18/2025	BC2025-99
	CM3192	Crown Cleaning Systems & Supply, Inc. dba Crown Cleaning Systems		\$2,000.00		
	CM3195	LumberOne Supply, LLC		\$10,000.00		
	CM3196	PPG Architectural Finishes, Inc.		\$1,000.00		
	CM3197	SiteOne Landscape Supply		\$7,500.00		
	CM3198	The Chas E Phipps Company		\$85,000.00		
	CM3963	Carr Bros, Inc.		\$200,000.00		
	CM3964	W.W. Grainger, Inc.		\$12,500.00		
	CM3965	Hilti, Inc.		\$10,000.00		
	CM3967	Industrial Safety Products, Inc.		\$2,000.00		
	CM3968	The Sherwin Williams Company		\$5,000.00		
	CM3969	Stoneco Inc., dba Allied Corporation		\$65,000.00		
(A-3)		Various Vendors-See Below	03/14/2026-03/13/2027	\$490,000.00	Pending	Pending
	CM3192	Crown Cleaning Systems & Supply, Inc. dba Crown Cleaning Systems		\$3,000.00	Pending	Pending
	CM3195	LumberOne Supply, LLC		\$3,000.00	Pending	Pending
	CM3196	The Pittsburgh Paints Co., fka PPG Architectural Finishes, Inc.		\$2,000.00	Pending	Pending
	CM3197	SiteOne Landscape Supply		\$4,000.00	Pending	Pending
	CM3198	The Chas E Phipps Company		\$40,000.00	Pending	Pending
	CM3963	Carr Bros, Inc.		\$355,000.00	Pending	Pending
	CM3964	W.W. Grainger, Inc.		\$8,000.00	Pending	Pending
	CM6039 fka CM3965	Hilti, Inc.		\$2,500.00	Pending	Pending
	CM3967	Industrial Safety Products, Inc.		\$4,500.00	Pending	Pending
	CM3968	The Sherwin Williams Company		\$13,000.00	Pending	Pending
	CM3969	Stoneco Inc., dba Allied Corporation		\$55,000.00	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.

This amendment will add an additional \$490,000.00 to the existing master contract for the Public Works Road & Bridge Division. The contract provides as-needed materials and equipment used in the maintenance of County roads and bridges.

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): The contract is with vendors that can provide as-needed materials and equipment used in the maintenance of County roads and bridges.

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

	<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.

<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval.
<input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.

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

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

Road & Bridge Funds

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
PW270165 52500

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

Provide status of project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	1.22.26
---	---------

Date documents were requested from vendor:	
--	--

Date of insurance approval from risk manager:	1.22.26
---	---------

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

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

Vendor Name and address:	Owner, executive director, other (specify):
Carr Brothers, Inc. 7177 Northfield Rd. Bedford, Ohio 44146	Michael Carr, President
Vendor Council District:	Project Council District:

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
WW Grainger, Inc. 1035 Valley Belt Rd. Brooklyn Heights, Ohio 44131	Jeremy Loder, Account Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Hilti Inc. 5350 Transportation Blvd., Ste.3 Garfield, Ohio 44125	Kristen Cappelli, Account Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Industrial Safety Products, Inc. 6091 Carey Drive #1 Cleveland, Ohio 44125	Joseph Miller, Account Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
The Sherwin Williams Company 2402 E. 24 th Street Cleveland, Ohio 44114	Brian Conroy, Account Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Stoneco Inc., dba Allied Inc. 8920 Canyon Falls Blvd., Suite 120 Twinsburg, Ohio 44087	Ryan Antrom, Account Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
Crown Cleaning Systems & Supply, Inc. 7720 Harvard Avenue Cleveland, Ohio	James W. Crowe, Sales Representative
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
LumberOne Supply 4800 Van Epps Brooklyn, Ohio 44131	Heather Husak, Managing Member

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

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

Vendor Name and address:	Owner, executive director, other (specify):
PPG Architectural Finishes 7580 Northcliffe Ave., Suite 900 Brooklyn, Ohio 44144	Ken Cassel, Account Development Manager
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

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

Vendor Name and address:	Owner, executive director, other (specify):
SiteOne Landscape Supply 1354 Lear Industrial Parkway Avon, Ohio 44011	Matthew Rudnik, Branch Manager #492
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

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

Vendor Name and address:	Owner, executive director, other (specify):
The Chas E. Phipps Company 4560 Willow Parkway Cleveland, Ohio 44125	Ben Brown, President
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

BC2026-161

Title	2026 DPW requesting approval of Amendment 2; Orchard, Hiltz, & McCliment, Inc. DBA OHM Advisors; RFQ# 8218; adding \$25,000 and extending the contract to February 28, 2028
Department or Agency Name	Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	2530	OHM Advisors	8/10/22 – 12/31/24	\$1,448,950	8/8/22	R2022-0216
A-1	4353	OHM Advisors	12/31/26	\$150,000	12/9/2024	BC2024-909
A-2	4353	OHM Advisors	2/28/28	\$25,000	pending	pending

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

This is an amendment to add \$25,000 in funds and extend the contract through February 28, 2028.

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

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

Project Goals, Outcomes or Purpose (list 3):
 The main goal of this request is to approve the second amendment to the contract. Another goal is to allow the current project design consultant to address any questions about the project plans they designed on an as needed/if authorized bases through construction of the project.

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):
OHM Advisors 6001 Euclid Avenue, Suite 130 Cleveland, OH 44103	Matt Hils (216) 865-1336
Vendor Council District:	Project Council District:
7	1 & 2
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>8218</u> <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal Closing Date: January 11,2022	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) 79 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE (15%) SBE (10%) MBE (5%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
The selection was made based on qualifications.	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
The selection was made based on qualifications.	<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:
---------------------------	-------

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

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

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

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

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

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

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

HISTORY (see instructions):

BC2026-162

Title	HP Absolute Resilience Software
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26000534 STAC	MNJ Technologies Direct, Inc.	One Year Upon Approval/Activation	\$60,180.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for HP Absolute Resilience Subscription in the amount of \$60,180.

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):

Absolute provides endpoint persistence, intelligence, and resilience. The cloud-based platform maintains a constant connection to devices through self-healing Absolute Persistence® technology. This platform is embedded into many HP devices, allowing DoIT p to monitor, manage, and secure the County’s entire endpoint population.

Qty. 1,700 HP Absolute Resilience Subscription

Software is good for one year, upon approval/activation.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, Illinois	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Ohio state term schedule pricing. Contract STS534486 expires July 2, 2028. *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 STS534486 expires July 2, 2028 <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.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
 100% General Fund IT100135

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):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions):

BC2026-163

Title	PO26001212EXMT – 2026- Renewal of Clockify for various Departments
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26001212 EXMT	Cake.com Inc.	2/28/2026-2/28/2027	\$16,799.40	PENDING	PENDING

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

The Department of Information Technology plans to contract with with Cake.com Inc. fka Coing Inc., for the renewal of the Clockify subscription for the term from February 28, 2026, to February 28, 2027, in the amount of \$16,799.40.

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):
 Clockify is a time-tracking and reporting tool used by Cuyahoga County employees to monitor work activities and project-related efforts. The program was initially introduced as a pilot in 2022 within the Department of Information Technology (DoIT). Following a successful trial period, 2023 marked the first full year of departmental adoption.
 Since then, Clockify has proven to be a valuable and effective solution for tracking employee time and reporting on project work. As a result, multiple departments across Cuyahoga County have continued using the tool to support ongoing operational and project management needs.

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):
2100 Geng Rd. STE210 Palo Alto, CA 94303	Nikola Neskovic VP of Sales
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This request is for the renewal of Clockify. The tool has proven to be a reliable and effective solution for tracking and reporting employee time and project activities across multiple Cuyahoga County departments. Due to its successful adoption, established use, and integration into current workflows, departments have expressed a need to continue using Clockify, replacing the system would disrupt operations and require additional time and resources without a demonstrated benefit over the existing solution. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process

How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:1/16/2025
---------------------------	----------------

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.

87% General Fund
6% Health and Human Services Levy Fund
3% Self Insurance Fund
2% Public Utilities Fund
2% Workers Compensation 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.

IT100100
HR100100
PW720100
HR765100
HR770100
HS260105

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

Provide status of project.

Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Vendor submitted renewal documentation late.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	3.17.2026
Date documents were requested from vendor:	3.17.2026
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: N/A	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO25001 025EXMT	Cake.com Inc. fka Coing,Inc	2/28/2025- 2/28/2026	\$10,332.60	3.17.2025	BC2025-185

BC2026-164

Title	HP Server Chassis Throughput Conversion
Department or Agency Name	Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26001286 EXMT	Advizex Technologies LLC		\$15,230.60	PENDING	PENDING

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

The Department of Information Technology plans to contract with Advizex Technologies, for HP Server Chassis Throughput Conversion in the amount of \$15,230.60.

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):

As part of the Datacenter Network Refresh project, some of the server and storage equipment was attached to the network at a lower transfer rate due to the existing network equipment's limitations of only processing data at a lower port speed. This lower transfer rate means more individual wires and network transceivers are needed that when added together aggregate up to the higher transfer rates.

DoIT determined that from a cost perspective, it is more economical to convert the HP Server chassis optics to a higher throughput to reduce the amount of ports needed on a network switch than to buy additional network switches.

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):
Advizex Technologies 6480 Rockside Woods Boulevard Independence, Ohio 44131	Keith McLeod Account Executive
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. A competitive process was completed. All Ohio state term schedule awarded vendors have undergone a competitive process and have been reviewed by the State of Ohio. Advizex is providing pricing that is lower than what is offered on Ohio STS contract numbers 534515 and 534612, which is considered lowest and best negotiated pricing for this purchase. *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: 03/20/2026
---------------------------	------------------

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

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

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

100% Capital Improvement Plan IT600100

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

HISTORY (see instructions):

BC2026-165

Title	Datacenter Cisco Network Equipment					
Department or Agency Name	Department of Information Technology					
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					
Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26001292 JCOP	MNJ Technologies Direct, Inc.		\$144,788.00	PENDING	PENDING
Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. The Department of Information Technology plans to contract with MNJ Technologies Direct, Inc., for Datacenter Cisco Network Equipment in the amount of \$144,788.00.						
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)						
Datacenter Equipment Refresh Project						
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):						

<p>This request is for equipment for round two of the Columbus Datacenter Network Refresh Project. One additional cabinet worth of connectivity (serving two cabinets) is being procured, additional cables and transceivers needed for rounds one and two, and two ancillary access layer switches used for out of band management / local access in each of the two rows of datacenter cabinets.</p>	
<p>In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.</p>	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
<p>If applicable provide the full address or list the municipality(ies) impacted by the project.</p>	
COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
<p>RQ# _____</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process.</p> <p>All vendors who are awarded cooperative purchasing contracts have gone through a formal bidding and award process. MNJ Technologies Direct has been awarded a cooperative purchasing contract through OMNIA.</p> <p>*See Justification for additional information.</p>
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date OMNIA contract 01-148 expires November 30, 2026.
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. <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<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: 03/20/2026
---------------------------	------------------

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

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

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

100% Capital Improvement Plan IT600100

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):	
---	--

Date documents were requested from vendor:	
--	--

Date of insurance approval from risk manager:	
---	--

Date Department of Law approved Contract:	
---	--

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

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

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

HISTORY (see instructions):

BC2026-166

Title	CM5412 – General Office Supplies and Related Services – W.B. Mason Co., Inc. – Amendment #3
Department or Agency Name	Department of Purchasing
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	3038 (fka 870)	W.B. Mason Co., Inc.	4/1/2021-3/31/2024	\$2,052,000.00	3/23/2021	R2021-0256
A1	3038 (fka 870)	W.B. Mason Co., Inc.	4/1/2021 – 3/31/2025	\$550,000.00	2/27/2024	R2024-0072
A2	3038 (fka 870)	W.B. Mason Co., Inc.	4/1/2021 – 3/31/2026	\$550,000.00	2/11/2025	R2025-0042
A3	5412 (fka 3038, 870)	W.B. Mason Co., Inc.	4/1/2021 – 3/31/2027	\$375,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). General office supplies for delivery to various County locations
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): 24-hour online ordering, next-day delivery of in-stock items, reporting of ordered items

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
W.B. Mason, Co., Inc. 59 Centre Street Brockton, MA 02303 (local: 31387 Industrial Parkway, North Olmsted)	Dan Sabin, Branch Manager Greene and Meehan families, owners
Vendor Council District: 1	Project Council District: various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
-------------------------	-----------------------------

RQ# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP 2154 <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 2026-TAC-034 (3/19/2026)
Is the item ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. FS100127 52000: General Fund for \$375,000.00 <i>Chargebacks will be completed for HHS Levy and other non-General funds agencies/departments</i>
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.
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.

Is contract/purchase late <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: TAC approval was required for this amendment which had not been a requirement in the past. This was received on March 19, 2026.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	11/17/2025
Date documents were requested from vendor:	2/9/2026 (received 2/13/2026)
Date of insurance approval from risk manager:	3/9/2026
Date Department of Law approved Contract:	3/18/2026 (approved amendment drafted by Law 2/9/2026)
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain) Amendment 2 expired 3/31/2026 and services need to continue for the standard course of County business.	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-167

TITLE	PSJS on behalf of the Medical Examiner’s Office; Third Renewal of a Memorandum of Understanding with the Prosecutors Office’s to utilize grant funds for the Medical Examiner’s Office to apply advance DNA methodologies to solve sexual assault and homicide cold case investigations in the amount not-to-exceed \$57,000.00, effective 10/01/2025 through 10/01/2026.
DEPARTMENT OR	PSJS on behalf of the Medical Examiner’s Office

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Third renewal of an MOU
------------------	--

DESCRIPTION/ EXPLANATION OF REQUEST:	<p>The Cuyahoga County Prosecutor’s Office received the FY22 DNA Review, Investigation and Prosecution of Cold Cases in Cuyahoga County, Ohio grant and is renewing its MOU with the Medical Examiner’s Office to apply advance DNA methodologies to solve sexual assault and homicide cold case investigations. The funds will cover staff overtime as well as the purchase of consumable supplies to perform the services.</p> <p>Note: The Prosecutor’s Office will process Journal Entries to move the Personnel/Fringe to the grant accounting information and the supply purchases will be made directly against the grant accounting information.</p> <p>Additionally, the funds from the Original agreement do not rollover to this renewal. The \$65,000 budget is over and this is new funding, not-to-exceed \$57,000.00 with \$35,000.00 being for the staff time and \$22,000.00 for supplies.</p>
--	---

CURRENT/HISTORICAL INFORMATION	Time Period	Amount	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)	10/18/22 – 09/30/23	\$65,000.00	10/18/2022	BC2022-613
AMENDMENT (A-1)	10/01/23 – 10/01/24	\$0.00	\$0 agreement – no approval needed	
AMENDMENT (A-2)	10/01/24 – 10/01/25	\$0.00	\$0 agreement – no approval needed	
AMENDMENT (A-3)	10/01/25 – 10/01/26	\$57,000.00	Pending	Pending

BC2026-168

Title	NTE \$50K PO- METROHEALTH PHARMACEUTICALS
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	26001247	The METROHEALTH System	2026	NTE \$50,000.00	CURRENT ITERM	

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.

NTE \$50K PO for Pharmaceutical expenses related to the MAT Grant for 10/1/2025-12/31/2026.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Process payments for expenses related to the MAT grant.

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):
--------------------------	---

MetroHealth System 2500 MetroHealth Dr Cleveland, Ohio 44109	Kristen Moore Paralegal & Contract Specialist
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. Services already provided and billed for. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100%- Grant funds Opioid Remediation Peer 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.

SH285125, SH-25-OPIOID-RE, 55040

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

Provide status of project.

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

Reason: N/A

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/20/26
Date documents were requested from vendor:	N/A
Date of insurance approval from risk manager:	N/A
Date Department of Law approved Contract:	N/A

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

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

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

HISTORY (see instructions):

BC2026-169

Title	SHF; Summit Food Service, LLC; Correction Officer Appreciation Week Meals
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	26001282 - EXMT	Summit Food Service, LLC	May 3-9, 2026	\$18,280.00	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. Correction Officer appreciation Week Meals. Week of May 3-9, 2026
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input 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): -provide meals for Correction Officers the week of May 3-9, 2026

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Summit Food Service, LLC 500 East 52 nd Street Sioux Falls, SD 57104	John Vlamis, Senior Vice President of Operations
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 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 ().
	<input type="checkbox"/> Government Purchase

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

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

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

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 (SH100145-52100)

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. To have a purchase order in place before the Correction Officer appreciation week, May 3-9, 2026.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25003398-EXMT	Summit Food Service, LLC	May 2025	\$12,723.47	9/8/2025	BC2025-568

BC2026-170

Title	CCSD; Cellebrite USA, Corp; Purchase Order for Guardian Pro Services Subscription/Forensics Bundle 26001304 EXMT
Department or Agency Name	Sheriff
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.
	26001304 EXMT	Cellebrite USA, Corp	3/18/2026-3/17/2027	\$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.
 The Sheriff Department plans to contract with Cellebrite USA, Corp, for the Guardian Pro Services Subscription/Forensics Bundle in the amount of \$40,000.00.

Cellebrite Guardian Pro Services Subscription is a service is a leading provider of digital forensics solutions, specifically tailored to law enforcement and public safety agencies, such as sheriff's departments. Subscription service provides various capabilities designed to help departments manage and investigate digital evidence efficiently.

In 2025 Department of Information Technology established PO 25000999 EXMT on behalf of the Sheriff's Department. This request is to renew the subscription for an additional year.

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

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

Project Goals, Outcomes or Purpose (list 3):
 To renew Cellebrite Guardian Pro Services Subscription for the Sherriff's department

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Cellebrite USA, Corp. 8065 Leesburg Pike, Suite T3-302 Vienna, VA 22182	Jacquelyn Slezak Senior Director Account Executive
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 checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date: 3/26/26
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

General Fund

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

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

SH100115

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: Internal discussions led to the one week delay

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/24/2026
Date documents were requested from vendor:	3/25/2026
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.
	25000999 EXMT	Cellebrite USA, Corp		\$34,440.00	3/17/2026	BC2025-184

BC2026-171

Title	6040 – College Now Greater Cleveland Public Safety and Justice Services Scholarship	
Department or Agency Name	Public Safety and Justice Services	
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6040	College Now Greater Cleveland, Inc	effective upon signatures of all parties for a period of 1 year	\$25,000	Pending	Pending

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

Public Safety and Justice Services plans to contract with College Now Greater Cleveland for one year upon execution to establish a scholarship fund in the amount of \$25,000.

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

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

Project Goals, Outcomes or Purpose (list 3):

1. Bridge the gap of financial burden for individuals who want to pursue careers in public safety and justice services.

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

Vendor Name and address:	Owner, executive director, other (specify):
1500 W 3 rd St Suite 125 Cleveland, Ohio 44113	Michele Scott Taylor CEO
Vendor Council District:	Project Council District:
7	All districts.
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. Due to the equipment being serviced belonging to Motorola Solutions Inc, the only vendor able to provide the upgrades/maintenance is Motorola. *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:
---------------------------	-------

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

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

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

Is funding for this included in the approved budget? <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. PJ100105
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

C. - Consent Agenda

BC2026-172

(See related items for proposed travel/memberships for the week of 4/6/2026 in Section C above).

BC2026-173

(See related items for proposed purchases for the week of 4/6/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-33

TITLE	VCA Charities 2026 Dog Day Out Grant
DEPARTMENT OR	Public Works – Animal Shelter

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply <i>(for grants with Cash Match and/or Subrecipients).</i> <input type="checkbox"/> Grant Application <i>(for grants with no Cash Match or Subrecipients).</i>
--	--

*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<p>➤ <i>Is County Executive signature required</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Grant Agreement <i>(when the signature of the County Executive is required).</i> <input checked="" type="checkbox"/> Grant Award <i>(when the signature of the County Executive is not required).</i> <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms <i>(when no signature is required by the County Executive)</i>
--	---

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	VCA Charities 2026 Dog Day Out Grant	N/A	\$2,050.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	VCA Charities has provided a \$2,050.00 grant to support the Animal Shelter’s Dogs Day Out program, which is designed for dogs to not just have an afternoon off from shelter life, but to also get new eyes on them and increase their chances of getting adopted. \$1,238 of this grant is in-kind and will be provided to the Animal Shelter in the form of specially branded vests. The remaining \$812.00 will be provided as cash to purchase additional supplies needed for the program.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To purchase supplies for the Dogs Day Out program.				

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

PROJECT COUNCIL DISTRICT:	N/A
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.
	VCA Charities Dog Day Out Field Trip Program
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-34

TITLE	PSJS; BJA FY22 Invited to Apply – Byrne Discretionary Community Project Funding/Byrne Discretionary Grants Program for Cuyahoga Diversion and Mental Health and Addiction Services Initiative Award No. 15PBJA-22-GG-00161-BRND; No-Cost Grant Extension through February 28, 2027
DEPARTMENT OR AGENCY	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
--	--

GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
Original	BJA FY22 Invited to Apply – Byrne Discretionary Community Project Funding/Byrne Discretionary Grants Program	3/15/2022- 9/30/2023 3/31/2025 *Incorrect date originally submitted	\$500,000.00	9/12/2022	CON2022-70
Amendment #1	BJA FY22 Invited to Apply – Byrne Discretionary Community Project Funding/Byrne	3/15/2022-3/31/2026	\$0.00	*This item did not originally go to BOC, requesting retroactive approval now	

	Discretionary Grants Program				
Amendment #2	BJA FY22 Invited to Apply – Byrne Discretionary Community Project Funding/Byrne Discretionary Grants Program	3/15/2022-2/28/2027	\$0.00	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Byrne Discretionary Grant funds for the Cuyahoga Diversion and Mental Health and Addiction Services Initiative aim to support and improve the Cuyahoga County Diversion Center operations. Support will be accomplished by purchasing necessary medical equipment for the center. Improvement will be accomplished through a program evaluation of the center’s operations. The grant is being extended though 2/28/2027 to complete these initiatives.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Support operations at the Cuyahoga County Diversion Center.				
	Improve operations at the Cuyahoga County Diversion Center.				

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

SUBRECIPIENT’S NAME AND ADDRESS:	
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	
SUBRECIPIENT’S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

PROJECT COUNCIL DISTRICT:	The Diversion Center is in District 7 – The Diversion Center serves all districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Dept. of Justice, Bureau of Justice Assistance, Byrne Discretionary Community Project Funding/Byrne Discretionary Grants Program 100%
	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.
--	--

ION2026-35

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 4/6/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT