



**Cuyahoga County Board of Control Agenda  
Monday, May 4, 2026 - 11:00 A.M.  
County Headquarters  
2079 East Ninth Street  
4<sup>th</sup> 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 – 4/27/2026**

**III. – PUBLIC COMMENT**

**IV. – CONTRACTS AND AWARDS**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-219**

Department of Public Works, recommending an award on Purchase Order No. 26001597 to Johnson Controls Fire Protection LP, dba Johnson Controls, Inc. in the amount not-to-exceed \$39,748.95 for a joint cooperative purchase of a replacement fire control panel located in the Juvenile Justice Facility, including parts and installation.

Funding Source: General Fund

**BC2026-220**

Department of Development, recommending an award on Purchase Order No. 26001583 with Carahsoft Technology Corp. in the amount not-to-exceed \$72,425.67 for a state contract purchase for the renewal of (1) Salesforce Government Cloud Plus and (15) Public Sector Foundation Advanced-Unlimited Edition subscription services for the period 5/1/2026 - 4/30/2027.

Funding Source: General Fund

**BC2026-221**

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Global Cleveland in the amount not-to-exceed \$135,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
  
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 6158) with Global Cleveland in the amount not-to-exceed \$135,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

**BC2026-222**

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Media Development Corporation in the amount not-to-exceed \$189,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
  
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 6200) Greater Cleveland Media Development Corporation in the amount not-to-exceed \$189,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

**BC2026-223**

Department of Information Technology, recommending an award on Purchase Order No. 26001539 to SHI International Corp. in the amount not-to-exceed \$99,556.68 for a joint cooperative purchase for the renewal of various SolarWinds products, subscription services, maintenance, licensing and support for the period 7/28/2026 – 7/28/2027.

Funding Source: 89.80% General Fund; 10.20% Health and Human Services Levy Fund

**BC2026-224**

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Nearmap US, Inc. in the amount not-to-exceed \$191,406.80 for the purchase of Nearmap Ortho, Oblique Imagery and GIS Integration subscription services at cooperative purchasing pricing for the period 4/17/2026 – 4/16/2027.

b) Recommending an award on Purchase Order No. 26001632 to Nearmap US, Inc. in the amount not-to-exceed \$191,406.80 for the purchase of Nearmap Ortho, Oblique Imagery and GIS Integration subscription services at cooperative purchasing pricing for the period 4/17/2026 – 4/16/2027.

Funding Source: Real Estate Assessment Fund

**BC2026-225**

Department of Human Resources, recommending an award and enter into Contract No. 6152 with Truevalue Screening, LLC dba Veritable Screening (701-6) in the amount not-to-exceed \$185,000.00 for pre-employment background screening services, effective upon signatures of all parties through 3/31/2029.

Funding Source: General Fund

**BC2026-226**

Sheriff's Department, recommending an award on Purchase Order No. 26001610 with Vance Outdoors, Inc., dba Vance's Law Enforcement in the amount not-to-exceed \$86,588.50 for a state contract purchase of (605) cases of duty and training ammunition for Sheriff Deputies.

Funding Source: General Fund

**BC2026-227**

Medical Examiner's Office, recommending an award on Purchase Order No. 26001594 with Friends Service Co. Inc. dba FriendsOffice in the amount not-to-exceed \$45,178.94 for the state contract purchase of office furniture, including various parts, installation, and project management services.

Funding Source: Coroner Lab Fund

**BC2026-228**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Memorandum of Understanding (via Contract No. 5452) with Cleveland-Cuyahoga County Workforce Development Board to provide access to the Comprehensive Case Management and Employment Program (CMEP), Job Readiness and Training for Recipients of Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program (SNAP) for the period 7/1/2025 – 6/30/2026 to extend the time period to 6/30/2027, supplement the budget by adding Exhibit B-II and for additional funds in the amount not-to-exceed \$131,806.00, effective 7/1/2026.

Funding Source: Federal Temporary Assistance for Needy Families (TANF) dollars

**BC2026-229**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 6166 (fka Contract Nos. 5184 and 3178) with Family Promise of Greater Cleveland for emergency shelter services for families in connection with the Continuum of Care program for the period 9/1/2022 – 8/31/2025 to extend the time period to 8/31/2026, to change

various terms; supplement the budget by adding Exhibit II-C, effective 9/23/2025, and for additional funds in the amount not-to-exceed \$74,650.00, effective upon signatures of all parties.

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

**BC2026-230**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 6169 (fka Contract Nos. 5196 and 3045) with Fairhill Partners for emergency shelter and supportive services for seniors in connection with the Continuum of Care program for the period 9/1/2022 – 8/31/2025 to extend the time period to 8/31/2026 to change various terms; supplement the budget by adding Exhibit II-D, effective 9/23/2025, and for additional funds in the amount not-to-exceed \$22,860.81, effective upon signatures of all parties.

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

**C. – Consent Agenda**

**BC2026-231**

Department of Purchasing, presenting proposed purchases for the week of 5/4/2026.

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001592	Out-of-home care placement services for the period 3/1/2026-3/31/2026 *	Division of Children and Family Services	RTC Resource Acquisition Corporation	\$20,150.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**ION2026-44**

Department of Purchasing, on behalf of the County Treasurer’s Office, submitting an Item of Note in connection with the Master Services Agreement Contract No. 4645 with Keybank National Association for banking services and related routine payments for the period 10/1/2024 – 9/30/2028 to increase 2026 allocations for two user departments, provide funding sources and to remove a card holder for Veterans Service Commission, in accordance with the Procurement Card Program Services section of the Master Services Agreement.

- a) Cuyahoga County Board of Development Disabilities from \$24,000.00 to \$40,500.00; General Fund
- b) Veterans Service Commission from \$66,000.00 to \$147,000.00; General Fund

Funding Source: General Fund

**ION2026-45**

Cuyahoga County Law Library, submitting a Memorandum of Understanding with Statewide Consortium of County Law Library Resources Boards to outline the terms and conditions to receive a grant award in the amount not-to-exceed \$3,684.02 for (2) laptops and wireless mice and (2) professional memberships in the American Association of Law Libraries and staff development conference attendance fees, effective upon signatures of all parties through 12/31/2026.

Funding Source: Statewide Consortium of County Law Library Resources Boards

**ION2026-46**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from Care Alliance in the amount of \$500.00 for the 20th Annual Fatherhood Conference to be held on 6/12/2026.

Funding Source: Care Alliance

**ION2026-47**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from CareSource in the amount of \$2,000.00 for the 20th Annual Fatherhood Conference to be held on 6/12/2026.

Funding Source: CareSource

**ION2026-48**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from Dollar Bank in the amount of \$6,000.00 for the 20th Annual Fatherhood Conference to be held on 6/12/2026.

Funding Source: Dollar Bank

**ION2026-49**

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a grant award from the Meijer Corporation in the amount of \$500.00 for the 20th Annual Fatherhood Conference to be held on 6/12/2026.

Funding Source: Meijer Corporation

**ION2026-50**

**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	6156	MRK Technologies, Ltd dba Inversion6	For a joint cooperative purchase of various Abnormal Cloud security subscription services; <b>to amend various insurance terms and for ABNORMAL AI, INC to provide coverage to Cuyahoga County which exceeds the requirements set forth in Matrix, effective 3/28/2026.</b>	\$0.00	Department of Information Technology	3/31/2026-3/30/2028	(Original) General Fund	(Executive) 4/28/2026
N/A	N/A	Cuyahoga Community College	Facility use, resource material, visual equipment and related services for the Minority & Small Business Employment Outreach Event	\$0.00	County Council	5/15/2026	N/A	(Executive) 4/28/2026

**Various Agreements – Processed and executed (no vote required)**

Approving Resolution	Public convenience and welfare project description	Total Estimated Project Cost	Total Actual Project Cost	Funding Source	Date of Execution
R2025-0267	Rehabilitation of the McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights - Council District 8	\$3,000,000.00		80% Federal Funds (\$2,400,000.00) 20% Road and Bridge Fund (\$600,000.00)	(Executive) 4/28/2026
R2026-0010	Rehabilitation of Falls Road Bridge 01.72 over Griswold Creek in the Village of Hunting Valley - Council District 6	\$2,000,000.00		Road and Bridge Fund	(Executive) 4/28/2026

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control  
Monday, April 27, 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:

Erik Janas, Chief of Staff (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  
Cynthia Mason, County Council (Alternate for Councilmember Michael Houser)  
Councilmember Robert Schleper

**II. – REVIEW MINUTES – 4/20/2026**

Michael Chambers motioned to approve the minutes from the April 20, 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**

**BC2026-208**

Department of Information Technology on behalf of the Department of Public Works,

a) Submitting an RFP exemption which will result in an award recommendation to Integrated Precision Systems, Inc. for an amount not to exceed \$33,886.28 for project management, configuration, and setup services for the Cuyahoga County Animal Shelter for the purchase and installation of:

(1) 4-bay video recording server with associated equipment, including a 5 year warranty and migration services;

(6) AXIS P3287-LV cameras with XProtect Corporate licenses and 1 year of support;

Installation of (1) previously purchased AXIS M3065 dome camera;

b) Recommending an award on Purchase Order No. 26001545 to Integrated Precision Systems, Inc. for an amount not to exceed \$33,886.28 as listed above.

Funding Source: Animal Shelter Operating Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-208 was approved by unanimous vote.

**BC2026-209**

Department of Information Technology, submitting an amendment to Contract No. 3244 with BPS Technologies Ventures II, LLC dba BPS Technologies for the renewal of maintenance and software support on the RightFax Enterprise Fax Manager servers for the period 6/1/2023 – 5/31/2026 to extend the time period to 5/31/2027 and for additional funds in the amount not-to-exceed \$28,111.14, effective upon signatures of all parties.

Funding Source: 71% General Fund and 29% Health and Human Services Levy Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2026-209 was approved by unanimous vote.

**~~BC2026-210~~ BC2026-210**

Department of Information Technology, submitting an amendment to Contract No. 4373 (formerly Contract No. 434 and CE1500332) with Environmental Systems Research Institute, Inc. for maintenance on ArcGIS software for the period 1/1/2016 – 3/31/2026 to extend the time period to 3/31/2027, to update insurance requirements, and for additional funds in the amount not-to-exceed \$81,485.00, effective upon signatures of all parties.

Funding Source: 50% Real Estate Assessment Fund and 50% General Fund

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2026-210 was approved by unanimous vote.

**BC2026-211**

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Agreement No. 5325 (fka Contract No. 2119) with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for Residential Level of Care services for dually diagnosed men for the period 7/1/2021 – 6/30/2025 to extend the time period to 12/31/2026, to change various terms and to change the Non-Medicaid clients reimbursement rate from \$180.00 to \$198.00, effective 7/1/2025, and for additional funds in the amount not-to-exceed \$575,000.00.

Funding Source: Ohio Department of Rehabilitation and Correction Community Correction Act Grant

Meghan Patton, Court of Common Pleas/Corrections Planning Board, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-211 was approved by unanimous vote.

**BC2026-212**

Sheriff's Department,

- a) Submitting an RFP exemption, which will result in an award recommendation to Excel K9 Services, Inc. in the total amount not-to-exceed \$15,800.00 for the purchase of (1) canine trained in narcotic detection for the Correction Officer's K-9 unit.
  
- b) Recommending an award on Purchase Order No. 26000968 to Excel K9 Services, Inc. in the total amount not-to-exceed \$15,800.00 for the purchase of (1) canine trained in narcotic detection for the Correction Officer's K-9 unit.

Funding Source: Commissary Fund

Brian Rice from the Sheriff's Department and Lt. Joseph Kelley of the Corrections K9 Unit outlined the operational need for trained canines. These dogs enhance safety by detecting narcotics, related odors such as smoke, and concealed substances from entering the facilities by searching visitors, staff and incarcerated people. The Court Towers operate 24/7, and screening occurs when inmates return from outside appointments or are newly remanded. Canines are deployed in the Sally Port on the P1 level, where law enforcement brings inmates into the facility, as well as to Jail I and II loading docks, where all skids, pallets, and incoming packages are screened before entering the Justice Center. They are also utilized during jail shakedowns. Handlers select canines based on operational needs, and each dog is imprinted and trained with its assigned handler. While the dogs live with their handlers, they are considered working animals, not pets. Robert Schleper asked whether the \$16,500 cost is per dog and whether the canines are puppies and trained on site. Meredith Turner noted to the lieutenant that it is clear he and his colleague are passionate about the program. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-212 was approved by unanimous vote.

**BC2026-213**

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 6051 with Skopenow (40-3) in the amount not-to-exceed \$27,000.00 for Social Media Threat Intelligence software and (2) user licenses for use by the Northeast Ohio Regional Fusion Center for the period 5/16/2026 - 5/15/2027.

Funding Source: FY2024 Urban Area Security Initiative Grant

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2026-213 was approved by unanimous vote.

**BC2026-214**

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting a Revenue Generating Agreement (via Contract No. 6054) with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County in the anticipated amount not-to-exceed \$690,000.00 for administration and coordination of the local Infant and Early Childhood Mental Health Program for Invest in Children for the period 1/1/2026 – 12/31/2026.

Funding Source: Revenue Generating

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-214 was approved by unanimous vote.

**BC2026-215**

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5197 (fka Contract No. 3047) with West Side Catholic Center for emergency shelter services for families in connection with the Continuum of Care program for the period 9/1/2022 – 8/31/2025 to extend the time period to 8/31/2026, add Exhibit II-C to supplement the budget, effective 9/23/2025, to change various terms and for additional funds in the amount not-to-exceed \$69,184.00, effective upon signatures of all parties.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Erik Janas seconded. Item BC2026-215 was approved by unanimous vote.

**C. - Consent Agenda**

Mary Beth Vaughn, Department of Public Safety and Justice Services, provided details on the request to increase Purchase Order No. 26001364 to Chi Corporation from \$73,265.00 to \$78,885.00.

Dell notified Chi Corporation of a price increase effective next Monday for the servers currently pending purchase. Chi then informed the County. PSJS reviewed the updated pricing and determined Chi was no longer the lowest bidder. The Department contacted the two other bidders to confirm their pricing. After receiving updated quotes and re-evaluating all submissions, Chi’s revised pricing was again the lowest.

Because of the cost increase, PSJS must obtain approval from the Office of Emergency Management before proceeding. The purchase will move forward upon approval; otherwise, it will be canceled.

There were no questions or additional comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-216 through BC2026-218 as amended; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote as amended.

**BC2026-216**

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of April 2026 in accordance with EA02012-0001 on behalf of the following county agencies:

- a) Department of Health and Human Services/Cuyahoga Job and Family Services
- b) Department of Health and Human Services/Division of Children and Family Services

Funding Source: Revenue Generating

**BC2026-217**

Fiscal Department, presenting proposed travel/membership requests for the week of 4/27/2026:

Dept:	Department of Public Works							
Event:	2026 American Society of Highway Engineers National Conference							
Source:	ASHE							
Location:	Rockville, MD							
Staff	Travel Dates	Registration	Meals **	Lodging	Ground TRN/ Mileage **	Air **	Total	Funding Source
Nichole English	5/28/2026- 5/30/2026	\$0.00	\$150.00	\$398.34	\$210.00	\$226.80	\$985.14	Road and Bridge

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

Presenting in place of Byron Sah at the 2026 American Society of Highway Engineers National Conference. The \$250 registration cost will be covered by the sponsor because Nichole is a speaker.

Dept:	Public Defender’s Office							
Event:	NACDL National Forensic College							
Source:	NACDL							
Location:	New York, NY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Erika Cunliffe	6/7/2026- 6/13/2026	\$575.00	\$360.00	\$750.00	\$480.00	\$400.00	\$2,565.00	General Fund 82% reimbursed by Ohio

								Public Defender
Brant DiChiera	6/7/2026-6/13/2026	\$575.00	\$360.00	\$750.00	\$480.00	\$400.00	\$2,565.00	General Fund 82% reimbursed by Ohio Public Defender

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The National Forensic College is an advanced, week-long forensic science CLE designed for experienced trial and post-conviction defense attorneys. The Forensic College prepares attorneys to litigate complex forensic science issues strategically with the help of the nation's leading law firms and experts.

Dept:	Sheriff's Department							
Event:	2026 NSA Annual Conference							
Source:	National Sheriffs Association-NSA							
Location:	Omaha, NE							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Aaron Reese	6/7/2026-6/11/2026	\$630.00	\$228.00	\$968.00	\$175.00	\$700.00	\$2,701.00	Law Enforcement Trust Fund
Richard Peters	6/7/2026-6/11/2026	\$630.00	\$228.00	\$968.00	\$175.00	\$700.00	\$2,701.00	Law Enforcement Trust Fund
Alfred Johnson	6/7/2026-6/11/2026	\$350.00	\$228.00	\$968.00	\$175.00	\$700.00	\$2,421.00	Law Enforcement Trust Fund
Brian Williams	6/7/2026-6/11/2026	\$350.00	\$228.00	\$968.00	\$175.00	\$700.00	\$2,421.00	Law Enforcement Trust Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

National Sheriff's Association Annual Conference Training & FLETC Homeland Security Leadership Academy (Certification)

Dept:	Sheriff's Department							
Event:	Raven's Challenge XX 2026							
Source:	Alcohol Tobacco Firearms and Explosives ATF							

Location:	Mount Vernon, IN							
Staff	Travel Dates	Registration *	Meals **	Lodging	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Harold Pretel	4/14/2026-4/16/2026	\$0.00	\$100.00	\$246.40	\$0.00	\$0.00	\$346.40	Law Enforcement Trust Fund

\*Paid to host

\*\*Staff reimbursement

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

Purpose:

The purpose of the exercise is to participate with our federal, state, and local partners for the prevention, protection, migration of, and response to explosive threats.

ATF - Will be absorbing the cost of the hotel - AG ethics form submitted and approved.

**BC2026-218**

Department of Purchasing, presenting proposed purchases for the week of 4/27/2026:

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

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001516	Renewal of (8) Redgate SQL Toolbelt Essentials license subscriptions with 1-year support	Department of Information Technology	vPrime Tech Inc	\$11,071.60	General Fund
26001350	(1) New Never Titled 2026 Chevrolet Equinox	Sheriff's Department	Dave Hallman Chevrolet, Inc.	\$31,160.00	Commissary Fund
26001364	(1) Dell PowerEdge R760xs Server with 39-month service warranty and support and (1) Dell PowerEdge R770 Server with 36-month service warranty and support for the Board of Elections Disaster Recovery Program	Department of Public Safety and Justice Services on behalf of the Board of Elections	Chi Corporation	<del>\$73,625.00</del> <b>\$78,995.00</b>	FY24 Urban Area Security Initiative (UASI) Grant
26001471	(1) New Never Titled 2026 Transit-350 Cargo Van for the Southeast Area Law Enforcement Network (SEALE) SWAT Team	Department of Public Safety and Justice Services	Ken Ganley Ford Norton dba KG Norton LLC	\$63,991.00	FY23 Urban Area Security Initiative (UASI) Grant

**Items/Services Received and Invoiced but not Paid:**

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001407	Factory Authorized – Accident repairs on 2024 Ford F550 Super Truck*	Department of Public Works	Sarchione Ford Alliance	\$10,088.91	Road and Bridge Fund
26001402	Out-of-home care placement services for the period 3/1/2026-3/31/2026 **	Division of Children and Family Services	Safely Home Inc	\$60,978.75	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001405	Out-of-home care placement services for the period 2/6/2026-3/31/2026 **	Division of Children and Family Services	Noble Vision Behavioral Health LLC	\$37,800.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001409	Out-of-home care placement services for the period 3/1/2026-3/31/2026 **	Division of Children and Family Services	White Deer Run, LLC dba Cove Prep	\$69,750.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001423	Out-of-home care placement services for the period 3/1/2026-3/31/2026 **	Division of Children and Family Services	The BridgeWay, LLC	\$29,915.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund
26001443	Out-of-home care placement services for the period 9/1/2025-9/30/2025 **	Division of Children and Family Services	Michael A Mitchell dba The Anthony House	\$12,450.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

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

**V- OTHER BUSINESS**

**Item of Note (non-voted)**

**ION2026-42**

Department of Sustainability, submitting a grant award from Cleveland Foundation in the total amount of \$150,000.00 in financial support for the Deputy Chief of Staff Climate and Sustainability position in connection with the administration’s focus on climate mitigation efforts for the period 4/1/2026 – 3/31/2027.

Funding Source: Cleveland Foundation

**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	6045	Bad Day Training & Consulting, LLC	(3) Four-hour Resource Conservation and Recovery Act (RCRA) training sessions for up to 30 participants for the Cuyahoga County Local Emergency Planning Committee	\$7,725.00	Department of Public Safety and Justice Services	Effective upon signatures of all parties through 6/30/2026	FY26 State Emergency Response Commission (SERC) through the Local Emergency Planning Committee (LEPC)	(Executive) 4/17/2026 (Law) 4/22/2026
NA	6065 (fka 5805)	Strada Collaborative, LLC dba InsideTrack; <b>for the assignment and assumption of the contract to Lemnis, effective upon signatures of all parties.</b>	For coaching services to Ohio National Guard Scholarship recipients for the Pay for Success Program	\$0.00	Department of Health and Human Services/ Office of the Director	2/2/2026-4/14/2030	(Original) Social Impact Finance Fund	(Executive) 4/17/2026 (Law) 4/17/2026
NA	Master Amend Contract No. 6049	Downey Side Inc.	Adoption Services; <b>to add Downey Side Inc., effective upon signatures of all parties.</b>	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2025-12/31/2026	(Original) State Child Protection Allocation	(Executive) 4/17/2026 (Law) 4/20/2026

**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 11:26 a.m.

**Item Details as Submitted by Requesting Departments**

**IV. Contracts and Awards**

**A. – Tabled Items**

**B. – New Items for Review**

**BC2026-219**

Title	Public Works - Fire Alarm Panel-Johnson Controls Fire Protection LP, dba Johnson Controls, Inc.
Department or Agency Name	Department of Public Works
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)	26001597	Johnson Controls Fire Protection LP, dba Johnson Controls, Inc.	Upon Execution	\$39,748.95	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 Public Works is requesting a purchase order for a replacement of a fire alarm panel located in the Juvenile Justice Facility. This purchase order will be made through a Sourcewell Joint Cooperative Contract #121024-JHN exp. 02/18/2029, resulting in a purchase order in the amount of \$39,748.95.

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

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

Project Goals, Outcomes or Purpose (list 3):  
 The Department of Public Works needs to replace a fire alarm panel located in the Juvenile Justice Facility. This will ensure a safe working environment while minimizing potential future issues related to building safety.

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):
Johnson Controls Fire Protection LP, dba Johnson Controls, Inc. 17295 Foltz Industrial Parkway Suite G Strongsville, Ohio 44149	Thomas Edward Slapnicker, Electronic Service Representative II
Vendor Council District:	Project Council District:
NA	NA
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal      Closing Date:	Provide a short summary for not using competitive bid process. The County is able to utilize a Sourcewell JCOP contract which was previously bid and/or negotiated, allowing government entities access to favorable costs and services.  *See Justification for additional information.
The total value of the solicitation: \$39,748.95	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /  NA	<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: Sourcewell #121024-JHN exp. 02/18/2029
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?  NA-Sourcewell Joint Co-op purchase	<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
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Date:
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.

Check if item is ERP related?  No  Yes.

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

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

100% General 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.

PW750100 54300 400 UCFAC51029

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):	3.27.26
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Date documents were requested from vendor:	4.1.26
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Date of insurance approval from risk manager:	NA
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Date Department of Law approved Contract:	NA
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

**BC2026-220**

Title	PO 26001583-2026-Department of Development/Carahsoft Salesforce License Renewal/ Purchase Order/ Salesforce Government Cloud 2026-2027
Department or Agency Name	Department of Development
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	26001583	Carahsoft Technology Corporation	5/1/2026 – 4/30/2027	\$72,425.67	Pending	Pending

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

The Department of Development requesting approval of a purchase order with Carahsoft Technology Corporation for Salesforce Government Cloud service and user licenses for the not to exceed cost of \$72,425.67 for the time period from 5/1/2026 – 4/30/2027. This is a subscription and license renewal for Department’s continued use of Salesforce.

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide a universal CRM system for all the divisions within the department to use as the sole system of record so that data related to any business within the department is accessible via a dashboard off site.  
 Create an all-inclusive customer relationship management and deal flow management system to increase the efficiency of the tasks administered by the DoD staff.  
 Provide a highly configurable off-the-self system, which will align with the overall objective of the Department of Development.

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

Vendor Name and address:	Owner, executive director, other (specify):
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Carahsoft Technology Corporation 11493 Sunset Hills Road, Suite 100 Reston, Virginia 20190	Craig Abod, President/Founder
Vendor Council District:	Project Council District:
NA	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	NA

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date MCSA0016 06/30/2027  <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: Joint Cooperative Purchase JCOP

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: 4/2/26 (scheduled)
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

Are the purchases compatible with the new ERP system?  Yes  No, please explain.  
 Salesforce is an independent system.

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  
 The renewal is funded 100% by the Department of Development general fund budget.

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  
 Accounting Unit: DV100100  
 Account: 54020

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: Contract was late because there was a discrepancy with the State Contract Coversheet

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/18/2026
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Date documents were requested from vendor:	4/1/2026
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Date of insurance approval from risk manager:	4/15/2026
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Date Department of Law approved Contract:	4/15/2026
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	25001535	Carahsoft Technology	4/21/2025 – 4/20/2026	50,461.76	4/21/2025	BC2025-263

**BC2026-221**

Title	Department of Development; Global Cleveland; Contract #6158; Operating Support- Effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6158	Global Cleveland	Effective upon signatures of all parties for a period of 1 year	\$135,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).  
 Department of Development,

Submitting an RFP exemption, which will result in a Grant Agreement with Global Cleveland in the amount not-to-exceed \$135,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

Recommending an award and enter into a Grant Agreement (via Contract No. 5475) with Global Cleveland in the amount not-to-exceed \$135,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.

The payment is for operating support; no services are provided directly to Cuyahoga County.

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

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

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Project Goals, Outcomes or Purpose (list 3):

Global Cleveland seeks continued funding to support the Welcoming Workforce initiatives that specifically address the vital need to attract, retain, and connect the international talent pool to open jobs in Cuyahoga County.

Helping local employers overcome real and perceived barriers to hiring international workers and students, connecting young international talent to mentors, and supporting immigrant entrepreneurs.

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: GLOBAL CLEVELAND 1422 Euclid Ave., Suite 1652 Cleveland, OH 44115	Owner, executive director, other (specify): Joe Cimperman, President
Vendor Council District: 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

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

Department of Development General Fund (100%)

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.  
DV100100

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5475	Global Cleveland	6/25/2025 – 6/24/2026	\$150,000.00	6/23/2025	BC2025-403

**BC2026-222**

Title	CM# 6200 Department of Development; Greater Cleveland Media Development Corporation; Operating Support effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6200	GREATER CLEVELAND MEDIA DEVELOPMENT CORPORATION	Effective upon signatures of all parties for a period of 1 year.	\$189,000.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Media Development Corporation Commission in the amount not-to-exceed \$189,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.</p> <p>Recommending an award and enter into a Grant Agreement with Greater Cleveland Media Development Corporation in the amount not-to-exceed \$189,000.00 for general operating support, effective upon signatures of all parties for a period of 1 year.</p> <p>The payment is for operating support; no services are provided directly to Cuyahoga County.</p>
<p>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)</p>

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The primary goal of the project is to provide 2026 operating support for the Greater Cleveland Media Development Corporation.

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: Greater Cleveland Media Development Corporation 526 Superior Ave E, Suite 350 Cleveland, OH 44114	Owner, executive director, other (specify): Bill Garvey, President
Vendor Council District: 7	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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  No  Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

Department of Development General Fund (100%)

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.

DV100100

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5474	Greater Cleveland Film Commission	6/25/2025 – 6/24/2026	\$210,000	6/23/2025	BC2025-402

**BC2026-223**

Title	PO26001539 JCOP- 2026- Renewal of SolarWinds Annual Maintenance Licenses
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.
	PO26001539 JCOP	SHI International Corp.	07/28/2026 – 07/28/2027	\$99,556.68	PENDING	PENDING

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>The Department of Information Technology with the Department of Health and Human Services and Cuyahoga County Juvenile Court plans to contract with SHI International Corp., for the Renewal of SolarWinds Annual Maintenance Licenses in the amount of \$99,556.68.</p> <p>Subscription dates 07/28/2026 – 07/28/2027.</p>
<p>Indicate whether: <input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement          Age of items being replaced: _____ How will replaced items be disposed of _____</p>
<p>Project Goals, Outcomes or Purpose (list 3):</p>

Solarwinds, an approved IT standard, provides IT infrastructure management which monitors and manages their networks, systems, and information technology. Solarwinds is currently in use by the Department of Information Technology, and this request is for the annual maintenance renewal.

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

Vendor Name and address:	Owner, executive director, other (specify):
SHI International Corp. 290 Davidson Avenue Somerset, NJ 08873	Mark Brum 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. A competitive process was completed through Sourcewell with an award being made to SHI International Corp. All joint cooperative contracts go through a competitive process with the vendors being vetted and the proposals reviewed prior to award. SHI is able to provide Cuyahoga County with joint cooperative purchasing contract pricing under Sourcewell contract #121923.  *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date  <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date Sourcewell contract #121923, which expires February 27, 2028.
Participation/Goals (%): ( ) DBE ( ) SBE ( ) MBE ( ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).

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

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

List date of TAC approval	Date:4.14.2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  
89.80% General Fund  
10.20% Health And Human Services Levy 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.  
IT100140  
HS260110  
JC100100

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

Provide status of project.

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

Reason:

Timeline

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26001539 JCOP	SHI International Corp	7/28/2025 – 7/28/2026	\$93,832.24	4.28.2025	BC2025-275

**BC2026-224**

Title	12 Months for Nearmap Ortho, Oblique Imagery and GIS Integration Subscription
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.
	26001632 EXMT	Nearmap US, Inc.	04/17/2026 – 04/16/2027	\$191,406.80	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 on behalf of the Fiscal Appraisal Department plans to contract with Nearmap US, Inc, for a period of 12 Months, April 17, 2026 – April 16, 2027, for Nearmap Ortho, Oblique Imagery and GIS Integration Subscription in the amount of \$191,406.80.

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) One year subscription renewal.
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):  This is a 12-month subscription renewal for Aerial Ortho and Oblique imagery from NearMap. This subscription is for the Fiscal Appraisal Department for their annual review of permits. This includes a Spring Flight and a Fall Flight and a copy of the derived ortho image for county records. Nearmap has been the only vendor to include two flights. The subscription also includes access to the multitenant online application viewer and measurement tools.

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):
Nearmap US, Inc. 1850 W Ashton Blvd, Suite 500 Lehi, UT 84043, USA	David Wengert Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

<b>COMPETITIVE PROCUREMENT</b>	<b>NON-COMPETITIVE PROCUREMENT</b>
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. Nearmap is able to provide Cuyahoga County with GSA joint cooperative contract pricing. As this is being submitted after the subscription period began, we must use an RFP exemption.  *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.		
<table border="1" data-bbox="212 972 846 1010"> <tr> <td data-bbox="212 972 558 1010">List date of TAC approval</td> <td data-bbox="558 972 846 1010">Date: 04/14/2026</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date: 04/14/2026
List date of TAC approval	Date: 04/14/2026	
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% Real Estate Appraisal Fund IT305100
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 checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

Reason:  
Nearmap was in the process of upgrading the cameras to a higher resolution system, in which the Appraisal team waited to be able to receive a quote using the upgraded equipment. The Department of Information Technology with the Fiscal Appraisal team has engaged with County Law to begin discussions surrounding contracting for the 2027 renewal period to avoid future late submissions.

Timeline

Project/Procurement Start Date (date your team started working on this item):	03/02/2026 (business team engaged. Requester working with Appraisal and Nearmap months in advance of March)
Date documents were requested from vendor:	03/02/2026, 04/09/2026 (needed updated quote)
Date of insurance approval from risk manager:	04/09/2026
Date Department of Law approved Contract:	04/09/2026

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: Item disapproved under JCOP due to be processed after subscription. DOP requested resubmission as RFP exemption.

If late, have services begun?  No  Yes (if yes, please explain) Nearmap has provided a grace period until May 8, in which services will not be turned off.

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.
	25000965 JCOP	Nearmap US, Inc.	04/17/2025 – 04/16/2026	\$182,292.19	04/07/2025	BC2025-237

**BC2026-225**

Title	Human Resources; 2026; Contract Award on Informal RFP # 6584 to Truevalue Screening LLC dba Veritable Screening for Background Screening Services for the period upon execution to March 31, 2029 in the amount not-to-exceed \$185,000.00
Department or Agency Name	Human Resources
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	6152	Truevalue Screening LLC dba	Execution – March 31, 2029	\$185,000.00		Pending

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

Veritable Screening will provide the County with pre-employment background screening services including employee background checks, employment history verification, education verification, criminal history checks, motor vehicle record searches, etc. as requested during the hiring process. This contract will run through March 31, 2029 once approved.

The previous contract was with Asurint. This service was solicited via an informal request for bids.

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

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

Project Goals, Outcomes or Purpose (list 3):

The primary goals of the project are to ensure that prospective hires are suitable for positions of public trust, have the education and experience they claim, and are eligible for the positions offered.

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): John Sferry, CEO
Truevalue Screening LLC dba Veritable Screening 186 North Main Street Hudson, OH 44236	
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
Event# _6584_ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 9/15/2025	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

\$185,000.00	
Number of Solicitations (sent/received) 701 / 6	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): ( 0 ) DBE ( 0 ) SBE ( 0 ) MBE ( 0 ) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. N/A as this was an informal RFP. Per policy, notice was sent to all applicable vendors currently certified with the Department of Equity and Inclusion.  If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ( ).
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Veritable Screening, while not the lowest cost, scored highest overall, providing the best value to the County.	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Veritable was slightly higher in price than the lower two vendors, though significantly lower in cost than the most expensive vendors.	<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: 4/16/2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.  
 Check if item is ERP related?  No  Yes.

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

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

100% General Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.  
 HR100100

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

Provide status of project.  
 The County has an immediate need to move forward with this contract as the currently background screening service agreement has ended, and the County is working off a short-term PO for services. This delay was due to a lengthy negotiation over contract and insurance terms.

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):	6/10/2025
Date documents were requested from vendor:	12/23/2025
Date of insurance approval from risk manager:	2/10/2026
Date Department of Law approved Contract:	3/16/2026

Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: There were multiple redlines of contract and insurance terms, as well as some applicable laws that were unfamiliar to us that required Law and Risk to work through with the vendor, including several meetings.

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

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

HISTORY (see instructions):

Previous Contract With Asurint – CM2824

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	2824	Asurint	1/9/2023-12/31/2025	\$150,000.00	1/9/2023	BC2023-08
A-1	2824	Asurint	12/31/2025	\$0.00	3/27/2023	BOC ION #2

**BC2026-226**

Title	Sheriff; 26001610 STAC; Vance Outdoors, Inc.; Training and Duty Ammunition	
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.
	26001610 STAC	Vance Outdoors Inc. dba Vance's Law Enforcement		\$86,588.50	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.

Sheriff's Department is requesting an approval of a Purchase Order to Vance Outdoors, Inc. in the amount of \$86,588.50 for duty and training ammunition using State Contract pricing #RSI023418.

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):

Sheriff's Department Deputies need ammunition for training and in protection of the community.

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):
Vance Outdoors, Inc. 3723 Cleveland Ave Columbus, OH 43224	Doug Vance, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process.  *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 #RSI023418 (#80725) expiration 3/31/2028 <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.

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

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

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

100% General Fund

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

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

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:

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.
	25001219 STAC	Vance Outdoors Inc		\$50,087.05	3/24/2025	BC2025-209

**BC2026-227**

Title	Friends Service Co. DBA Friends Office -Replacement furniture for Medical Examiner's Office
Department or Agency Name	Cuyahoga County Medical Examiner's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26001594	Friends Service Co. DBA Friends Office		\$45,178.94		

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.

Replacement Furniture for multiple rooms including chairs, desks, shelving, and tables.

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: 27 years                      How will replaced items be disposed of: Through the trash pick-up/dumpsters that we already have at the Medical Examiner Building.

Project Goals, Outcomes or Purpose (list 3):  
 Having safe furniture in the lobby for families.  
 Updating an office.  
 Updating a conference room.

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:  Friends Service Co. Inc. DBA Friends Office 2300 Bright Road Findlay, OH 45840	Owner, executive director, other (specify):  Vicky McMillan, Senior 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.  Friends Service Company DBA Friends Office is part of a state contract for vendors. They have set pricing. They have the furniture that we need. The pricing quote and our need for furniture was reviewed and approved by Public Works.  *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 <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 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% Coroner Lab Fund ME105105
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. ME105105
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.

Furniture has been ordered and pricing set. Friends Service Co. dba Friends Office stated they will begin processing paperwork for our order once they receive the official purchase order and 6-7 weeks lead time is expected.

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.

**BC2026-228**

Title	RQ# N/A – Cleveland-Cuyahoga Workforce Development Board – Contract Amendment – Memorandum of Understanding for workforce services
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5452	Cleveland-Cuyahoga County	7/1/2025 - 6/30/2026	\$131, 806.00	6/30/2025	BC2025-426

		Workforce Development Board				
A-1	5452	Cleveland-Cuyahoga County Workforce Development Board	7/1/2026 - 6/30/2027	\$131, 806.00	Pending	Pending

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

The Cleveland-Cuyahoga County Workforce Development Board shall ensure user-friendly access to a broad array of quality workforce services, provide access to the Comprehensive Case Management and Employment Program (CCMEP) and other youth services, process approved Individual Training Accounts for Ohio Works First (OWF) cash, assist with On-the-Job Training opportunities for OWF cash recipients and/or Supplemental Needy Assistance Program (SNAP) food assistance E&T clients.

Cuyahoga Job and Family Services is requesting approval of contract amendment 1 to a Memorandum of Understanding with the Cleveland-Cuyahoga Workforce Development Board (CCWDB) in the amount of \$131,806.00 for the period of 7/1/2026 - 6/30/2027.

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

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

Project Goals, Outcomes or Purpose (list 3):

Ensure user-friendly access to a broad array of quality workforce services are provided to residents seeking employment and/or training.

Process approved individual Training Accounts for OWF cash and/or SNAP E&T recipients seeking skill training. Provide access to the Comprehensive Case Management and Employment Program (CCMEP) and other youth services for eligible OWF/SNAP E&T participants.

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):
Cleveland-Cuyahoga County Workforce Development Board 1910 Carnegie Ave, Cleveland, OH 44115	Laura Chalker, Chief Operating Officer
Vendor Council District:	Project Council District:

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  Contract Amendment 1 to a Memorandum of Understanding with the Cleveland-Cuyahoga Workforce Development Board for workforce services. RFP Exemption – County Code 501.12(B)(2)(xi)  *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) CM5452 Contract Amendment 1 - RFP Exemption
	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Federal Temporary Assistance for Needy Families (TANF)
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. HS260195 UCH08300 55130
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): See chart above

**BC2026-229**

Title	OHS; Family Promise of Greater Cleveland; Amend 3; RQ10456; 2025-2026 Temporary Housing and Supportive Services for Homeless Families
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	3178	Family Promise of Greater Cleveland	9/1/2022- 8/31/2023	\$68,800.00	3/6/2023	BC2023-153
A-1	3178	Family Promise of Greater Cleveland	9/1/2023- 8/31/2024	\$68,800.00	2/5/2024	BC2024-90
A-2	5184 (fka 3178)	Family Promise of Greater Cleveland	9/1/2024- 8/31/2025	\$68,800.00	4/7/2025	BC2025- 248/59116424
A3	6166 (fka 5184 and 3178)	Family Promise of Greater Cleveland	9/23/2025- 8/31/2026	\$74,650.00	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.

Family Promise of Greater Cleveland provides temporary housing/shelter and support for homeless families with youth-headed families as a target sub-population. Services are focused on ensuring that clients exit rapidly from shelter into permanent housing.

This is an existing service covered under CM 6166. We are requesting to add \$74,650.00 in funding to pay for invoices and amend the current contract period ending from 8.31.2025 until 8.31.2026. There are no changes to the scope or rates. The Grant term was modified from beginning 9/1/25 to beginning 9/23/25, per HUD as well as the Overall Grant award increased resulting in a slight increase to all ESG awardees.

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

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

Project Goals, Outcomes or Purpose (list 3):  
Provide essential services to homeless families, including, but not limited to housing location, employment, securing of benefits and linkage to critical resources.  
Provide a safe, secure and trauma-informed environment  
Provide rapid re-housing referrals and case management 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:  Family Promise of Greater Cleveland 3470 E. 152nd Street Cleveland, Ohio 44120	Owner, executive director, other (specify):  Jacki Salter, Executive Director
Vendor Council District:  7	Project Council District:  County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process.  This is an amendment to a contract awarded through RFP10456.  *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) RFP10456, closed 9/12/22  <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% U. S. Department of Housing and Urban Development

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.

Acct Unit - HC223160; Acct # - 55130; Activity Code – HC-25-ESG

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

Provide status of project.

Recurring service under current contract CM6166

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

Reason: HUD was late in issuing the Emergency Solutions Grant. We didn't get the grant award from another County Department until January.

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/3/2025 (OHS); 2/13/2026 (DCAP)
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Date documents were requested from vendor:	11/13/2025; 2/18/2026
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Date of insurance approval from risk manager:	3/24/2026
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Date Department of Law approved Contract:	3/24/2026
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): See chart above

**BC2026-230**

Title	OHS; Fairhill Partners; Amendment 3. RQ10456; 2025-2026 Temporary Housing and Supportive Services for Homeless Families
Department or Agency Name	Office of Homeless Services
Requested Action	<input checked="" 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	3045	Fairhill Partners	9/1/2022 – 8/31/2023	\$22,500.00	2/27/2023	BC2023-123
A1	3045	Fairhill Partners	9/1/2023 – 8/31/2024	\$22,500.00	2/20/2024	BC2024-139
A2	5196 (fka 3045)	Fairhill Partners	9/1/2024 – 8/31/2025	\$22,500.00	3/31/2025	BC2025-226
A3	6169 (fka 5196 and 3045)	Fairhill Partners	9/23/2025- 8/31/2026	\$22,860.81	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.

Fairhill Partners provides Emergency Shelter and supportive services for persons over 60 who experience a first-time homeless episode because of code violations, elder abuse, eviction, etc. Fairhill Partners provides safe, trauma-informed shelter and assistance in connecting to senior housing and the Aging Network resources.

This is an existing service covered under CM 6169. We are requesting to add \$22,860.81 in funding to pay for invoices through an amended contract period from 8.31.25 until 8.31.2026. There are no changes to the scope or rates. The Grant term was modified from beginning 9/1/25 to beginning 9/23/25, per HUD as well as the Overall Grant award increased resulting in a slight increase to all ESG awardees.

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

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

Project Goals, Outcomes or Purpose (list 3):

- Provide essential services to individuals 60 and over experiencing a housing crisis
- Connect clients to resources in the aging network

- Link clients with permanent housing

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:  Fairhill Partners 12200 Fairhill Road Cleveland, Ohio 44120	Owner, executive director, other (specify):  Jeanna Davis, Executive Director
Vendor Council District:  7	Project Council District:  County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is an amendment to a contract awarded through RFP10456.  *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) CM 6169 - Amendment 3; RFP10456/ Closed 9.12.2022

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

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

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

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

100% U. S. Department of Housing and Urban Development

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

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

Accounting Unit: HC223160 Account # 55130 Activity Code: HC-25-ESG \$22,500.00

Accounting Unit: HC223160 Account # 55130 Activity Code: HC-24-ESG \$360.81

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

Provide status of project. Recurring service under current contract CM6169.

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

Reason: HUD was late in issuing the Emergency Solutions Grant. We didn't get the grant award from another County Department until January.

Timeline

Project/Procurement Start Date (date your team started working on this item):	11/3/2025 (OHS); 2/3/2026 (DCAP)
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Date documents were requested from vendor:	11/13/2025; 2/18/2026; 3/12/2026
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Date of insurance approval from risk manager:	3/17/2026
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Date Department of Law approved Contract:	3/17/2026
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

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

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

HISTORY (see instructions): See chart above

**C. – Consent Agenda**

**BC2026-231**

(See related items for proposed purchases for the week of 5/4/2026 in Section C above).

**V – OTHER BUSINESS**

**Item of Note (non-voted)**

**ION2026-44**

Title	KeyBank Banking and Treasury Services P-Card	
Department or Agency Name	Department of Purchasing	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Adding funds for 2026 to contract 4645 for the P-Card program.	

Original (O)/ Amendment (A-# )	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4645	KeyBank National Association	10/1/2024 to 9/30/2028	\$4,600,000.00	9/24/2024	R2024-0305
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$52,000.00 to various user departments	10/21/2024	CON2024-98
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$550,975.00 to various user departments	2/3/2025	CON2025-04
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$15,000.00 to CCVSC and BODD	4/21/2025	CON2025-32
		KeyBank National Association	10/1/2024 to 9/30/2028	No add 'l funds –allocation of \$107,240.00, adding a new department and	8/18/2025	CON2025-75

				transferring card ownership		
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$10,000.00	10/06/2025	CON2025-87
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$659,650.00	2/17/2026	ION2026-09
		KeyBank National Association	10/1/2024 to 9/30/2028	No add'l funds –allocation of \$97,500.00	PENDING	PENDING

Service/Item Description (include quantity if applicable).

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

Allocate funds for the Banking and Treasury Services in the total amount not to exceed \$97,500.00. Removing one (1) cardholder from Veterans Service Commission.

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

Project Goals, Outcomes or Purpose (list 3):

Allocating funds from the KeyBank contract to the Board of Developmental Disabilities, Department of Innovation and Performance, and Veterans Service Commission.

Breakdown of increases: Board of Developmental Disabilities: \$16,500.00, DD210110  
Veterans Service Commission: \$81,000.00, VC100100

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):
KeyBank, National Association 127 Public Square Cleveland, Ohio 44114	Charles Wise Susan Todaro
Vendor Council District:	Project Council District:
7	7
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
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RQ# _____ (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 type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.  Block Grant (No acronyms i.e. HHS Levy, CDBG, etc.). Include % if more than one source.</p> <p>Board of Developmental Disabilities: \$16,500.00, General Fund  Veterans Service Commission: \$81,000.00, General Fund  Remove (1) Cardholder</p> <p>Funding Source Breakdown %:  General Fund 100%</p>
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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. DD210110, IN100100, VC100100
Payment Schedule: <input type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
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: Allocating funds from the current P-Card contract	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/1/26
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: N/A	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

**ION2026-45**

TITLE	Cuyahoga County Law Library 2026 Optional Grant for \$3,684.02 from the Statewide Consortium of County Law Library Resources Boards
DEPARTMENT OR AGENCY NAME	Cuyahoga County Law Library

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p>
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	<input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Cuyahoga County Law Library Memorandum of Understanding with the Statewide Consortium of County Law Library Resources Boards	4/14/2026-12/31/2026	\$3,684.02	4/28/2025	CON2025-44
AMENDMENT (A-1)	N/A				
AMENDMENT (A- )	N/A				
DESCRIPTION/ EXPLANATION OF THE GRANT:	This grant will provide 2 laptops and wireless mice for remote staff work, memberships for 2 employees in the American Association of Law Libraries (AALL), and fees for AALL conference attendance in July 2026 for the same 2 staff employees.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To enable staff to continue to work remotely periodically as needed.				
	To provide for professional development opportunities for staff as AALL members.				
	To allow the staff to attend the 1 <sup>st</sup> ever AALL conference in Cleveland with educational programs and networking opportunities.				

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:	7
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Cuyahoga County Law Library Resources Board, Lakeside Courthouse, 1 West Lakeside Ave., Floor 4, Cleveland, OH 44113

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Statewide Consortium of County Law Library Resources Boards
	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.

**ION2026-46**

TITLE	2026 – Care Alliance – Grant Apply and Accept – Sponsorship for the 20 <sup>th</sup> Annual Fatherhood Conference
DEPARTMENT OR AGENCY NAME	Cuyahoga County Fatherhood Initiative

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 checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Care Alliance	6/12/2026	\$500.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A- )					

DESCRIPTION/EXPLANATION OF THE GRANT:	Fatherhood Initiative is requesting approval to receive a grant, from Care Alliance for \$500.00 for the 20 <sup>th</sup> Annual Fatherhood Conference being held on June 12, 2026.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To promote healthy father-child relationships
	Address the social problems that result from “father absence.”
	Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Care Alliance
	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.

**ION2026-47**

TITLE	2026- Caresource- Grant Acceptance- Sponsorship for the 19 <sup>th</sup> Annual
DEPARTMENT OR AGENCY NAME	Cuyahoga County Fatherhood Initiative

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
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<p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><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</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Caresource	6/12/2026	\$2,000	4/28/2025	CON2025-42
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/EXPLANATION OF THE GRANT:	Fatherhood Initiative is requesting approval to receive a grant, from Caresource for \$2,000.00 for the 19th Annual Fatherhood Conference being held on June 13, 2025.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	To promote healthy father-child relationships				
	Address the social problems that result from "father absence."				
	Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.				

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	CareSource
	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.

**ION2026-48**

TITLE	2025 – Dollar Bank – Grant Apply and Accept – Sponsorship for the 20 <sup>th</sup>
DEPARTMENT OR AGENCY NAME	Office of Child Support: Fatherhood Initiative

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 checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Dollar Bank	6/12/2026	\$6,000	4/28/2025	CON2025-41
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/EXPLANATION OF THE GRANT:	Fatherhood Initiative is requesting approval to receive a grant, from Dollar Bank for \$6,000.00 for the 19th Annual Fatherhood Conference being held on June 13, 2026.				
	To promote healthy father-child relationships.				

PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Address the social problems that result from “father absence.”
	Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Dollar Bank
	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.

**ION2026-49**

TITLE	2026 – Meijer Corporation – Grant Apply and Accept – Sponsorship for the 20 <sup>th</sup> Annual Fatherhood Conference
DEPARTMENT OR AGENCY NAME	Cuyahoga County Fatherhood Initiative

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).
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	<input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Meijer Corporation	6/12/2026	\$500.00	4/28/2025	CON2025-43
AMENDMENT (A-1)					
AMENDMENT (A- )					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Fatherhood Initiative is requesting approval to receive a grant, from Meijer Corporation for \$500.00 for the 20th Annual Fatherhood Conference being held on June 12, 2026.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		To promote healthy father-child relationships			
		Address the social problems that result from "father absence."			
		Strategize as to what we must do, as a community, to ensure that every child has a dad in his or her life.			

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Meijer Corporation
	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.

**ION2026-50**

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 5/4/2026 in Section V. above).

**VI – PUBLIC COMMENT**

**VII – ADJOURNMENT**