



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

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

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

I – CALL TO ORDER

II. – REVIEW MINUTES – 5/4/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-232

Department of Development,

a) Submitting an RFP exemption, which will result in an award recommendation to Vertex Computer Systems, Inc. in the amount not-to-exceed \$135,000.00 for 5 years of annual support for the Salesforce Customer Relationship Management System, effective upon signatures of all parties.

b) Recommending an award and enter into Contract No. 6199 with Vertex Computer Systems, Inc. in the amount not-to-exceed \$135,000.00 for 5 years of annual support for the Salesforce Customer Relationship Management System, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-233

Department of Information Technology,

a) Submitting an RFP exemption, which will result in an award recommendation to Level Access, Inc. in the amount not-to-exceed \$20,000.00 for a comprehensive assessment of the County's digital accessibility program, including development of a results-driven action plan, for a period of 1 year, effective upon signatures of all parties.

b) Recommending an award and enter into Contract No. 6211 with Level Access, Inc. in the amount not-to-exceed \$20,000.00 for a comprehensive assessment of the County's digital accessibility program, including development of a results-driven action plan, for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-234

Department of Information Technology, recommending an award and enter into Contract No. 6212 with Brown Enterprise Solutions in the amount not-to-exceed \$113,633.00 for a state contract purchase for the renewal of various Tableau licenses, maintenance and support services for the period 5/26/2026 – 5/25/2027.

Funding Source: 75% Health and Human Services Fund and 25% General Fund

BC2026-235

County Prosecutor, recommending an award and enter into Contract No. 6204 with Othram, Inc. (13-6) in the amount not-to-exceed \$196,00.00 for Forensic Genetic Genealogical DNA Analysis and searching services for the period 5/18/2026 – 5/17/2027.

Funding Source: Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 84% FY2022 and 16% FY2023

BC2026-236

Department of Public Safety and Justice Services, on behalf of the Local Emergency Planning Committee, requesting authority to apply for grant funds to U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration in the amount not-to-exceed \$68,200.00 for the FY2025-2027 Hazardous Materials Emergency Preparedness Grant Program Year 2 for the period 10/1/2026 – 9/30/2027.

Funding Source: 80% - Hazardous Materials Emergency Preparedness Grant \$54,560.00 and 20% Local Match \$13,640.00 - Local Emergency Planning Committee Discretionary Fund and/or FY27 State Emergency Response Commission Grant Funds

BC2026-237

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into Contract No. 6161 with Ohio Attorney General c/o Treasurer, State of Ohio/Bureau of Criminal Identification and Investigation in the amount not-to-exceed \$204,000.00 for access to the National WebCheck Program for criminal background checks for various departments for the period 6/1/2026 – 5/31/2029.

Funding Source: 66.18% Cuyahoga Job and Family Services: Federal/State Levy; 7.35%Health and Human Services Levy Fund and HR 21% General Funding; Office of Child Support: Federal Funds 1.94%, Local funds 1% (State Match & Levy)

BC2026-238

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, submitting an amendment to Contract No. 3718 with City of Cleveland Department of Public Health for prenatal and inter-conceptional care services to high-risk families in connection with the expansion of the MomsFirst Program for the Invest in Children Program for the period 1/1/2024 – 12/31/2025 to extend the time period to 6/30/2026, to add Exhibits I-B Scope of Work and Exhibit II-B Budget, and for additional funds in the amount not-to-exceed \$85,284.50, effective 1/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-239

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 5851 (fka Contract No. 4509) with Lutheran Metropolitan Ministry for supportive services for youth and young adults experiencing homelessness or housing instability in connection with the Navigation and Housing (NAV) services project for the period of 1/1/2024 – 12/31/2025 to extend the time period to 12/31/2026 to change various terms and to and Exhibit II-B Budget, and for additional funds in the amount not-to-exceed \$454,417.00, effective 1/1/2026.

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

C. – Consent Agenda

BC2026-240

Department of Public Works, recommending to declare (1) 2023 Dodge Durango Pursuit vehicle and various parts that have no value as surplus County-owned property no longer needed for public use, recommending to discard or salvage these items in accordance with Ohio Revised Code Section 307.12(I).

Funding Source: Not Applicable / Revenue Neutral

BC2026-241

Fiscal Department, presenting proposed travel/membership requests for the week of 5/11/2026:

Dept:	Department of Public Works							
Event:	ARFF 100 Basic Rescue Firefighting							
Source:	Blue Grass Airport Regional ARFF Training Center							
Location:	Lexington, KY							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Dustin McClain	6/21/2026-6/26/2026	\$1,000.00	\$272.00	\$801.15	\$536.28	\$0.00	\$2,609.43	County Airport Fund
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*Paid to host

**Staff reimbursement

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

Purpose:

Dustin will learn the necessary skills and techniques to perform aircraft rescue and firefighting in this 40-hour, week-long course. Following the curriculum established in AC 150/5210-17C (Programs for Training of Aircraft Rescue and Firefighting Personnel), he will benefit from hands-on training in an environment that includes both classroom instruction and practical application.

Dept:	Department of Development							
Event:	NACCED 2026 Annual Conference							
Source:	National Association for County Community and Economic							
Location:	Towson, MD							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Paul Herdeg	10/5/2026-10/8/2026	\$600.00	\$0.00	\$516.29	\$0.00	\$0.00	\$1,116.29	General Fund

*Paid to host

**Staff reimbursement

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

Purpose:

Attend the National Association for County Community and Economic Development (NACCED) 2026 annual conference. Cuyahoga County is a longtime member of NACCED, the National Association of Counties affiliates focusing on economic development and community development. Participation in this annual conference includes direct interaction with senior federal officials on policy and funding for economic development. To conserve limited county resources, I will cover my own travel and meal costs, estimated at \$433 airfare, \$100 ground transportation, and \$150 meals.

Dept:	Medical Examiner's Office							
Event:	2026 OD2A Recipient Meeting							
Source:	Center for Disease Control and Prevention							
Location:	Atlanta, GA							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source

Dr. Thomas Gilson	6/14/2026-6/17/2026	\$0.00	\$188.00	\$654.00	\$170.64	\$366.80	\$1,379.44	General Fund reimbursed by OD2A Grant
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*Paid to host

**Staff reimbursement

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

Purpose:

The OD2A recipient meeting is hosted by the CDC for organizations receiving funding through the Overdose Data 2 Action grant. Dr. Gilson will be attending as a grant recipient and presenter.

BC2026-242

Department of Purchasing, presenting proposed purchases for the week of 5/11/2026:

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
26001687	Annual publication of (2) consecutive, legal advertisements of a block notice and the listing of properties for a forfeited land sale and delinquent tax notice.	Fiscal Office	Legal News Publishing Co. dba Daily Legal News	Not-to-exceed \$20,000.00	Real Estate Assessment Fund
26001749	Various replacement gas and chemical detection sensors for MultiRae detection units for the Cuyahoga County HazMat teams	Department of Public Safety and Justice Services	All Safe Industries, Inc.	\$15,999.48	FY24 Urban Area Security Initiative (UASI) Grant

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-51

Department of Public Works, submitting an amendment to a grant agreement with Ohio Department of Natural Resources/Office of Coastal Management for emergency erosion assistance for Beulah Park-Euclid Beach Connector Trail – Phase 1 in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 7/1/2021 – 6/30/2026 to extend the time period to 6/30/2027 and to delete and replace the Period of Performance paragraph, effective upon signatures of all parties; no additional funds required.

Funding Source: Ohio Department of Natural Resources/Office of Coastal Management

ION2026-52

Court of Common Pleas/Probate Court Division, submitting a grant subaward from Ohio Department of Behavioral Health in the amount of \$67,125.00 for the Assisted Outpatient Treatment Program community-based initiative designed to reduce the frequency and duration of inpatient psychiatric hospitalization, homelessness, and involvement with the criminal justice system among individuals with severe mental illness in connection with Cuyahoga County Probate Court Assisted Outpatient Treatment Program Grant for the period 7/1/2025 – 6/30/2026.

Funding Source: Ohio Department of Behavioral Health

ION2026-53

Department of Public Safety and Justice Services, submitting,

- a) An amendment to a grant agreement with Ohio Department of Public Safety/Office of Emergency Management Agency for eligible mitigation projects including updating county mitigation plans in connection with FY2025 Hazard Mitigation Grant Program for the period 8/8/2025 – 10/15/2026 to extend the time period to 6/30/2027; no additional funds required.
- b) Requesting designation of Brandy Carney, Director, Department of Public Safety and Justice Services to serve as Applicant’s agent to accept and execute the grant award, financial reports and programmatic reports in connection with FY2025 Hazard Mitigation Grant Program.

Funding Source: 75% (\$55,607.20) Federal, 12.5% (\$9,267.87) State of Ohio Match, 12.5% (\$9,267.86) Public Safety Grants Administration County’s match

ION2026-54

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
12193	3387	C&K Industrial Services, Inc.	For cleaning and televising sanitary sewers in various communities; to update rates as outlined in Schedule A, effective 6/2/2026.	\$0.00	Department of Public Works	6/1/2023 – 6/1/2026; to extend the time period to 6/1/2028	(Original) Sewer District Cash Balances	(Executive) 5/4/2026 (Law) 5/4/2026
13626	4520	Industrial First, Inc.	For roof maintenance, repair and survey services for various County buildings	\$0.00	Department of Public Works	6/1/2024-5/31/2026; to extend the time period to 5/31/2028	(Original) General Fund	(Executive) 5/4/2026 (Law) 5/4/2026

NA	4576	CHN Housing Partners	For various projects or programs in connection with The Lead Safe Ohio Grant Program- CHN Housing Partners for various home loans, grants and incentives to homeowners for home repair; to amend various terms, effective upon signatures of all parties.	\$0.00	Department of Housing and Community Development	3/1/2024-12/31/2025; to extend the time period to 5/31/2026	(Original) Lead Safe Ohio Program	(Executive) 5/4/2026 (Law) 5/1/2026
NA	5346	City of Warrensville Heights	For various projects or programs in connection with the FY2025 Community Development Supplemental Grant Program- City of Warrensville Heights for Granada Boulevard Reconstruction Project.	\$0.00	Department of Housing and Community Development	1/1/2025-12/31/2025; to extend the time period to 4/30/2026	(Original) Community Development Supplemental Grant	(Executive) 4/30/2026 (Law) 5/1/2026
NA	5540	A Place 4 Me Collaborative	For facilitation of focus groups with system-involved youth and young adults, provision of no-cost national-level training opportunities for Division of Children and Family Services staff, and introducing participants to their broader support services in order to gather insights from youth and young adults receiving services.	\$0.00	Department of Health and Human Services/Office of the Director	5/1/2025-4/30/2026; to extend the time period to 4/30/2027	(Original) Cuyahoga County Systems Impact Grant	(Executive) 4/30/2026 (Law) 4/30/2026
NA	5739	United Way of Greater Cleveland	For fiscal agent services and emergency food purchase assistance by hunger centers serving eligible Cuyahoga County residents; to revise Exhibits I (Statement of Work) and II (Budget), and to add a credit and branding provision, no additional funds required, effective upon signatures of all parties.	\$0.00	Department of Health and Human Services/ Division of Children and Family Services	1/1/2026-12/31/2027	(Original) Health and Human Services Levy	(Executive) 4/30/2026 (Law) 4/30/2026

ION2026-55

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 4/1/2026 – 4/30/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “5-11-2026 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT**VII – ADJOURNMENT**

Minutes

Cuyahoga County Board of Control
Monday, May 4, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

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

II. – REVIEW MINUTES – 4/27/2026

Michael Chambers motioned to approve the minutes from the April 27, 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

BC2026-219

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

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-219 was approved by unanimous vote.

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

Nicholas Fedor, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2026-220 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented. Meredith Turner asked for a quick update. Joe Cimperman, President and CEO of Global Cleveland, provided an update and expressed his appreciation to Paul Herdeg for his outstanding partnership and service. He noted that these are particularly challenging times for many in our international community. Recent visa changes have affected individuals who are here legally, and Global Cleveland continues to work diligently to identify lawful avenues to help people maintain their status and employment. Despite these challenges, and thanks to the leadership of Director Herdeg, the County Executive, and County Council, the County's population has grown for the second consecutive year—driven in large part by the contributions of our immigrant community. Mr. Cimperman shared his optimism that as future administrations recognize the vital role international newcomers, refugees, and immigrants play in economic growth and community well-being, we will be positioned for even stronger progress. He emphasized that this work would not be possible without the support of Cuyahoga County, one of only two counties in Ohio with a dedicated welcome center. In response to a question from Meredith Turner regarding which visa is undergoing changes, Mr. Cimperman explained that it is the Special Immigrant Visa (SIV) for individuals who have supported U.S. armed forces in conflict zones. He described a recent case involving a fully documented individual preparing for their citizenship test who was unexpectedly detained for two weeks. Thanks to

support from a program volunteer and attorney, the matter was resolved. Ms. Turner noted that this example underscores the critical importance of Global Cleveland’s work and expressed appreciation for the organization’s partnership. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-221 was approved by unanimous vote.

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

Paul Herdeg, Department of Development, presented. Meredith Turner asked do you have any programs that support youth internships or fellowship opportunities. Bill Garvey, President of the Greater Cleveland Sports Commission, responded by explaining that one of their core missions is the Workforce Development Program. He emphasized that without a strong crew base, Northeast Ohio cannot attract production companies to choose this region. Their programming is developed in partnership with CMSD, and tomorrow he will be teaching a class at the High School for Digital Arts. The goal is to introduce students to the responsibilities and skills required across the many careers within the local motion-picture industry. Garvey noted that while most people think of camera work—where only four camera jobs exist on a typical film—there are over 140 other roles that are rarely taught anywhere. This is where the Commission’s program plays a critical role. They act as the “connective tissue” among local educational institutions, which already do a strong job teaching camera work, graphic design, and other creative skills. The Commission complements this by teaching the film side of the business—the essential knowledge every role on a production, from actor to director to grip to electrician, must have in order to build a sustainable career. He also shared that each year they provide programming information to the County Executive and County Council so that it can be distributed to constituents and throughout the communities. Meredith Turner responded, “Wow, great.” Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-222 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2026-223 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. Meredith Turner asked what we do with this information. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-224 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-225 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented and Lt. Steph Bartczak, provided responses to the questions presented. Meredith Turner asked about the intended use of the training ammunition, the frequency of its use, whether it is required for all personnel or specific individuals, whether a passing

score is required, and what procedures apply if someone does not pass. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-226 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Michael Chambers motioned to approve the item; Joseph Nanni seconded. Item BC2026-227 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-228 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-229 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-230 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-231; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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; 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.	\$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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Mellany Seay seconded. The motion to adjourn was unanimously approved at 11:24 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-232

Title	CM6199 – Department of Development – Vertex Computer Systems - Salesforce annual software support services
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	6199	Vertex Computer Systems, Inc.	Upon Signature for a period of 5 years	\$135,000	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
 Vertex was selected as the Dept. of Development's vendor for Salesforce design and implementation. Vertex was selected as the vendor after a competitive RFP process in 2024. As part of the RFP process, respondents were required to submit a proposal for ongoing support services for the Dept. of Development and their use of Salesforce. This order form is a request to begin the annual Salesforce support services with Vertex.

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):

Continue to train and support DOD staff on functionality of Salesforce CRM system.
 Support DOD Capital Partners with Salesforce reporting functionality.
 Continue to support DOD staff with improving task efficiency through use of Salesforce.

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):
Vertex Computer Systems, Inc. 6090 Royalton Road, North Royalton, OH 44133	Ganesh Iyer, Principal
Vendor Council District:	Project Council District:
5	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. Vendor selected for Design Contract using RFP. New contract is for annual support. *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: 4/2/26
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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 project 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: 55130

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

Provide status of project.

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

Reason:

Timeline

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

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

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

HISTORY (see instructions):

BC2026-233

Title	DAMM Comprehensive Review and Evaluation of the County’s Accessibility Program	
Department or Agency Name	Department of Information Technology	
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.
	CM6211 EXMT	Level Access, Inc.	1 yr. upon signature	\$20,000.00	PENDING	PENDING

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
 The Department of Information Technology plans to contract with Level Access, Inc., for one year for DAMM Comprehensive Review and Evaluation of the County’s Accessibility Program in the amount of \$20,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Level Access was chosen to provide a comprehensive review and evaluation of the County’s accessibility program, including analyzing results, benchmarking performance against industry best practices and customer averages, and developing a results-driven action plan (“Services”) to the County. The Services shall aid the County in complying with legal requirements for accessibility, such as the Americans with Disabilities Act (ADA) and the Web Content Accessibility Guidelines (WCAG) 2.2 Level AA. On April 24, 2024, the Federal Register published the Department of Justice’s (Department) final rule updating its regulations for Title II of the Americans with Disabilities Act (ADA). The final rule has specific requirements about how to ensure that web content and mobile applications (apps) are accessible to people with disabilities. DAMM describes organizational accessibility maturity and is a different measurement method than accessibility conformance testing on specific digital properties. This maturity model offers a holistic, program-based view that goes beyond just the product development life cycle and addresses all the operational aspects necessary to support accessibility across an organization. With five defined levels of maturity, DAMM can be used as an assessment tool to determine where an organization is implementing digital accessibility well and where process or policy gaps remain. An organization will likely have different scores across various dimensions that they are working on in parallel.

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):
Level Access, Inc. 800 Corporate Drive Suite 301 PMB #645 Stafford, VA 22554	Kyle Mossbarger 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. Level Access' DAMM model will ensure the County is in ADA compliance, helping to avoid possible fines. State and local governments must make sure that their web content and mobile apps meet WCAG 2.1, Level AA within two or three years of when the rule was published on April 24, 2024, depending on their population. After this time, state and local governments must continue to make sure their web content and mobile apps meet WCAG 2.1, Level AA *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" 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: 04/02/2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

100% General Fund

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

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

IT100110

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2026-234

Title	Tableau Support & Maintenance Licenses
Department or Agency Name	Department of Information Technology
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.
	CM6212 STAC	Brown Enterprise Solutions	05/26/2026 – 05/25/2027	\$113,633.00	PENDING	PENDING

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

The Department of Information Technology plans to contract with Brown Enterprise Solutions, for the term May 26/2026 – May 25, 2027 for Tableau Support & Maintenance Licenses in the amount of \$113,633.00.

Qty. 01 Tableau 8 Core Base Server 200001798
Qty. 16 Tableau Creator Server 200001773
Qty. 05 Tableau Cloud Creator 200001770
Qty. 93 Tableau Cloud Viewer 200001772

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):
Tableau software is used to create and distribute dozens of interactive dashboards that analyze and display operational and program data used hundreds of times per day by staff across agencies.

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):
Brown Enterprise Solutions 8654 Cotter Street Lewis Center, Ohio 43035	Doreen Needham 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 in which Cuyahoga County is able to benefit from the established pricing. All vendors who are awarded a state term schedule contract have gone through a competitive process and have been vetted and awarded by the State of Ohio. *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 Contract #MCSA0016 expires June 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:

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

List date of TAC approval	Date: 03/20/2026
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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.

75% Health & Human Services Fund, 25% General Fund

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

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

IT100110 55120 21% General Fund
 HS260110 55130 75% Health & Human Services Fund
 SH100140 54300 3% General Fund
 HR100100 52600 1% General Fund

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

Provide status of project.

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

Reason:

Timeline

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

If late, have services begun? <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.
Original	CM5435 (fka 1431)	Brown Enterprise Solutions	5/26/2021-5/25/2022	\$88,866.00	06/01/2021	BC2021-255
1 st Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions	05/26/2022 - 05/25/2023	\$84,555.16	03/28/2022	BC2022-185
2 nd Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions	05/26/2023-05/25/2024	\$84,626.50	04/17/2023	BC2023-255
3 rd Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions	05/26/2024 – 05/25/2025	\$95,500.25	05/20/2024	BC2024-376
4 th Amendment	CM5435 (fka 1431)	Brown Enterprise Solutions	05/26/2025 – 05/25/2026	\$105,971.00	06/09/2025	BC2025-365

BC2026-235

Title	Forensic Genetic Genealogy Services Prosecutor	
Department or Agency Name	Prosecutor's Office	
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	CM6204	Othram, Inc (V#40929)	5/18/2026 to 5/17/27	\$196,000	TBA	TBA

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 U.S. Department of Justice, Bureau of Justice Assistance, has awarded grant(s) to the Cuyahoga County Prosecutor's Office ("Prosecutor's Office"), through the Sexual Assault Kit Initiative ("SAKI") and Prosecuting Cold Cases Using DNA ("COLD"), to re-investigate unsolved rapes and homicides. The grant funding may be used to apply Forensic and Investigative Genetic Genealogy to DNA profiles believed to be that of the perpetrator(s) in order to identify suspects of these crimes.

Requesting vendor, Othram, Inc., to perform the following services:

-conduct the forensic genetic genealogical DNA analysis ("FGG") to genotype a forensic or reference sample that the Prosecutor's Office identifies:

-generate a single nucleotide polymorphism ("SNP") profile compatible with publicly-available open-data personal genomics DNA databases and direct-to-consumer genetic genealogy services databases ("GG Services");

-enter the SNP profile(s) into the available GG Services databases; and

-conduct IGG (tree-building) with the goal of identifying the source of the forensic SNP profile and consult with the Prosecutor's Office on the results generated from comparing the sample profile with those genetic profiles of individuals who have voluntarily submitted their biological samples or genetic profiles into the GG Services databases.

The Prosecutor's Office currently estimates its requirements for forensic genetic genealogy services ("FGGS") as fifteen (15) DNA profiles per year.

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

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

Project Goals, Outcomes or Purpose (list 3): Prosecute cold cases utilizing forensic DNA technology.

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: Othram, Inc.	Owner, executive director, other (specify): Dr. David Mittelman, CEO
2829 Technology Forest Blvd, Suite 100 Spring, Texas 77381-3913	
Vendor Council District: N/A	Project Council District: All Cuyahoga County districts
If applicable provide the full address or list the municipality(ies) impacted by the project. 100% Cuyahoga County municipalities	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# __E-6587-1_____ <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Formal Closing Date:	*See Justification for additional information.
The total value of the solicitation: \$196,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 12 / 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 (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. No qualified vendors registered with Cuyahoga County to perform DNA forensic analysis services required. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? No	<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: Best	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? All 6 proposals were scored under a technical and pricing scoring by an evaluation committee. Criteria utilized scope of services, organization, project management, personnel qualifications, subaward use, pricing, and references.	<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.

Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2022 BJA FY22 National Sexual Assault Kit Initiative, Award 15PBJA-22-GG-03774-SAKI. 46% funding

Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2023 BJA FY23 National Sexual Assault Kit Initiative, Award 15PBJA-23-GG-02284-SAKI. 16% funding

Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, DNA Backlog Reduction Program, 2022 BJA FY22 Prosecuting Cold Cases Using DNA. 38% funding.

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.
PS285105 PS-FY22-SAKI, PS285105 PS-23-SAKI-VCIP and PS285105 PS-22-COLDCASE

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

Provide status of project. Awaiting to send cold case samples to vendor for analysis after approval of contract.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2026-236

TITLE	FY25 Hazardous Materials Emergency Preparedness Grant – Year 2
DEPARTMENT OR AGENCY NAME	Department of Public Safety & Justice Services
REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input checked="" 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

*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input 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)	Original	10/1/2026-9/30/2027	\$68,200.00	6/16/2025	BC2025-386
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The purpose of the Hazardous Materials Emergency Preparedness (HMEP) grant is to protect against the risks to life, property, and the environment that are inherent in the transportation of hazardous material in intrastate, interstate, and foreign commerce (Title 49 U.S.C. 5101) The HMEP grant supports the emergency preparedness and response efforts of States, federally recognized Tribes, and Territories that deal with hazardous materials emergencies, specifically those involving transportation. This grant also aids grantees in meeting the requirements of 301 and 303 of the Emergency Planning and Community Right-to-Know Act of 1986 (Title 42 U.S.C. Chapter 116). Awarded funds will assist County Hazmat Teams with training and planning for emergency response.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>Commodity Flow Study</p> <p>National Association of SARA Title II Program Officials (NASTTPO) Conference & Workshop</p> <p>International Association of Fire Chiefs (IAFC) Hazmat Response Teams Conference</p>			

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

PROJECT COUNCIL DISTRICT:	All
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.
	Hazardous Materials Emergency Preparedness Grant, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration passed through from Ohio Emergency Management Agency.
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	Funding is 80% Federal, \$54,560, and a Local Match of 20% is required, \$13,640. The local match will be funded by the Local Emergency Planning Committee (LEPC) discretionary fund and/or FY27 State Emergency Response Commission grant funds, if approved.

BC2026-237

Title	HHS– Government Purchase; Ohio Attorney General – WebCheck/Fingerprinting Service for time period 6/1/2026-5/31/2029.
Department or Agency Name	Cuyahoga Job and Family Services; Office of Child Support; and Cuyahoga County Human Resource Department
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input checked="" type="checkbox"/> Other (please specify): Government Purchase

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6161	Ohio Attorney General	6/1/2026 – 5/31/2029	\$204,000.00	Pending	Pending

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

Health and Human Services is requesting approval of a government purchase with Ohio Attorney General-WebCheck/Fingerprinting Service for entities: Cuyahoga Job and Family Services, Office of Child Support, and Cuyahoga Human Resources Department, in the amount not-to-exceed \$204,000.00 for the time period 6/1/2026 -5/31/2029.

Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)		
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement		
Age of items being replaced:	How will replaced items be disposed of	N/A
Project Goals, Outcomes or Purpose (list 3):		
To conduct FBI and/or BCI checks for OWF Work Experience Participants being assigned to worksites requiring completion of these checks.		
To conduct FBI and/or BCI checks for hiring individuals into Cuyahoga County through Human Resources Department.		
To conduct FBI and/or BCI checks for child enforcement services to help aid clients.		

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):
Ohio Attorney General Bureau of Criminal Investigations BCI Attn: Civilian Quality Assurance 1560 State Route 56 SW PO Box 365 London, OH 43140	Dave Yost, Attorney General
Vendor Council District:	Project Council District:
N/A	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. The State of Ohio Attorney General's Office Bureau of Criminal Investigations (BCI) is the sole source to process fingerprints for BCI and FBI checks in the state of Ohio. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" data-bbox="212 974 846 1010"> <tr> <td data-bbox="212 974 558 1010">List date of TAC approval</td> <td data-bbox="558 974 846 1010">Date:</td> </tr> </table> <input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. <ul style="list-style-type: none"> • Human Resources: 23.53% General Fund • Office of Child Support: Federal Funds 1.94%, Local funds 1% (State Match & Levy) • Cuyahoga Job and Family Services: Federal/State 66.18%, Levy 7.35%
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. Accounting Unit: HS260195; Account Number: 55130; Activity Code: UCH08030 Accounting Unit: HS245100; Account Number: 55130; Activity Code: UCH00000 Accounting Unit: HR100100; Account Number: 55130; Activity Code: UCH00000

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

Provide status of project.
Recurring service or purchase.

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	3482	Ohio Attorney General	6/1/2023-5/31/2026	\$230,700.00	6/12/2023	BC2023-378
A-1	3482	Ohio Attorney General	Effective upon signature-5/31/2026	\$60,500.00	10/23/2023	BC2023-665

BC2026-238

Title	Office of Early Childhood/Invest in Children; 2026; City of Cleveland Department of Public Health, Government Contract for Mom’s First Program
Department or Agency Name	Office of Early Childhood/Invest in Children
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input 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	3718	City of Cleveland Mom's First Prenatal Program	1/1/2024- 12/31/2025	\$682,276.00	2/13/2024	R2024-0027
A-1	3718	City of Cleveland Mom's First Prenatal Program	1/1/2026- 06/30/2026	\$85,284.50	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.

Amendment 1 is to add funding and extending time. The contract will be extended 1/1/2026-6/30/2026 in the amount of \$85,284.50.

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):

Performing outreach strategies to enroll pregnant women in the program as early as possible, preferably within the first trimester.
Focusing outreach efforts on those communities determined to have the greatest need for prenatal services.
Provide MomsFirst services to a minimum of 110 mothers in year-to-update.

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

Vendor Name and address:	Owner, executive director, other (specify):
City of Cleve- Dept of Public Health-Mom's First Prenatal Program 75 Erieview Plaza Cleveland, Ohio 44114	Dr. David Margolius-Director of Public Health
Vendor Council District:	Project Council District:

07	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 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) GOVP was the original procurement <input type="checkbox"/> Other Procurement Method, please describe:

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

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

100% Health and Human Services Levy

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

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

HS260240/55130/UCH09999

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

Provide status of project. ongoing

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

Reason: The contract had to go through an approval process with the city of Cleveland and had to go before their board. On 12/8, the City has to renew the legislation that allows us to accept the grant. The current legislation ends 12/31/25. The legislations could not be renewed before the end of year deadline (11/7).The city advised the contract will not be reviewed until 1/2026. There was still a delay on review of the contract and also there was a revision by the city. The contract was returned to DCAP on 4/16/26.

Timeline

Project/Procurement Start Date (date your team started working on this item):	10/25/2025
Date documents were requested from vendor:	10/27/2025, 12/2/2025, 1/15/26, 2/23/26
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	4/21/2026

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

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

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

HISTORY (see instructions): see chart above

BC2026-239

Title	OHS; Lutheran Metropolitan Ministry; 2026; Contract for Youth and Young Adult Navigation Services	
Department or Agency Name	Office of Homeless Services	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4509	Lutheran Metropolitan Ministry	1/1/24 – 12/31/25	\$869,320.00	6/18/2024	R2024-0223
A-1	5851 (4509)	Lutheran Metropolitan Ministry	1/1/26 – 12/31/26	\$454,417.00	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.

OHS received a grant from the US Department of Housing and Urban Development for the Youth Homeless Demonstration Program to propose new approaches to drastically reduce the number of youth experiencing homelessness. Awarded YHDP communities must develop a Coordinated Community Plan (CCP) to lay the groundwork for YHDP implementation and provide a framework for proposed YHDP projects. Through the development of this plan, the Continuum of Care identified the need for youth-focused navigators within the community to help youth and young adults access homeless system resources.

Lutheran Metropolitan Ministry will act as the lead agency for Nav Collab which will provide navigation services to youth and young adults, ages 18-24, who are experiencing or are at risk of homelessness. LMM has partnered with subrecipient agencies to provide services that are specialized for identified subpopulations, including unsheltered, BIPOC, LGBTQIA+, and parenting youth.

Navigators will provide wrap-around services and meet immediate needs including providing targeted financial assistance (i.e., referrals, connection to mainstream benefits, emergency financial assistance, transportation assistance, ID and documentation, food, clothing, etc.) to assist YYA in finding and maintaining safe and appropriate housing without a stay in a shelter, whenever possible. Services will be provided with an emphasis on youth choice and individualized, client-driven supports. Navigators will have lived experience of homelessness to better provide peer support. The team will be mobile to increase the number of youth-dedicated access points in our community and will work system-wide to create cohesive support for YYA.

This project will serve a minimum of 175 households per year for an average of 12 months. This is an amendment requesting an extension of the term from ending 12/31/25 to a term of 1/1/26-12/31/26 and adding funds in the amount of \$454,417.00.

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

For purchases of furniture, computers, vehicles: Additional Replacement

Age of items being replaced: N/A How will replaced items be disposed of: N/A

Project Goals, Outcomes or Purpose (list 3):

Provide support to YYA experiencing homelessness or housing instability through connections with housing, developing community connections, empowering self-determination, and facilitating access to additional resources that meet their identified needs.

Ensure that YYA receive adequate and equitable services as they navigate systems resources.

Improve system coordination and continuity of care, and strengthen awareness of community resources.

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: Lutheran Metropolitan Ministry 4515 Superior Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Maria Foschia, 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: N/A - RFP Exemption	Provide a short summary for not using competitive bid process. This was competitively procured using an approved alternative procurement process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / N/A - RFP Exemption	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome? N/A	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: N/A	<input type="checkbox"/> Government Purchase <input checked="" type="checkbox"/> Alternative Procurement Process OHS received approval (BC2023-241, approved 4/17/23) for Sisters of Charity Foundation to release an RFP on behalf of the Cuyahoga County Continuum of Care. The planholder list included CoC and social service providers

	throughout the county. LMM was the only provider that submitted a proposal. Proposals were reviewed and scored by the YHDP core team, which included OHS.
How did pricing compare among bids received? N/A	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) CM5851- Amendment 1 <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. N/A

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

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

100% US 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.

HS220105

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

Provide status of project. Current and awaiting amendment for additional funds and time of performance

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

Reason: OHS had to work with HUD to ensure all components of the proposed project are in alignment with requirements, which took much longer than expected due to uncertainty regarding new Notice of Funding Opportunities and Grant Renewal requirements for existing grants such as YHDP.

Timeline

Project/Procurement Start Date (date your team started working on this item):	1/15/2026
Date documents were requested from vendor:	2/4/2026
Date of insurance approval from risk manager:	4/16/2026
Date Department of Law approved Contract:	4/16/2026

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

If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)

HISTORY (see instructions): see chart above

C. - Consent Agenda

BC2026-240

TITLE	Public Works – Fleet Vehicle – Accident 2026 - Disposal
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Disposal of Equipment
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is declaring one (1) 2023 Dodge Durango Pursuit vehicle as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. The vehicle was involved in an accident and was a total loss. The County was not at fault and Progressive Insurance, once approved, will take the vehicle and cut the County a check for the value of the vehicle. The vehicle has already been stripped for parts.
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Public Works – Fleet Division					
Make	Model	Vin #	Asset #	Mileage	Out of Service Reason
Dodge Durango	2023	1c4rdjfg0pc657959	18-68	28,000	The vehicle was involved in an accident and was a total loss.

BC2026-241

(See related items for proposed travel/memberships for the week of 5/11/2026 in Section C above).

BC2026-242

(See related items for proposed purchases for the week of 5/11/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-51

TITLE	Emergency Erosion Assistance Grant Award \$1,000,000; Grant Extension
DEPARTMENT OR AGENCY NAME	Department of Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Emergency Erosion Assistance Grant	7/1/2021 – 10/1/2022	\$1,000,000.00	9/7/2021	CON2021-96
AMENDMENT (A-1)	Emergency Erosion Assistance Grant	7/1/2021 – 10/1/2023	No additional funds	8/28/2023	CON2023-91
AMENDMENT (A-2)	Emergency Erosion Assistance Grant	7/1/2021 – 6/30/2025	No additional funds	8/28/2023	CON2023-91
AMENDMENT (A-3)	Emergency Erosion Assistance Grant	7/1/2021 – 6/30/2026	No additional funds	6/16/2025	CON2025-55
AMENDMENT (A-4)	Emergency Erosion Assistance Grant	7/1/2021 – 6/30/2027	No additional funds	Pending	Pending
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Department of Public Works requests approval of an extension to a grant agreement with the Ohio Department of Natural Resources/Office of Coastal Management in the amount of \$1,000,000 for emergency erosion assistance for the Beulah Park-Euclid Beach Connector Trail – Phase 1 in connection with the Cuyahoga County Lakefront Public Access Plan in the City of Cleveland for the period 7/1/2021 – 10/1/2026. The performance period is now extended to 6/1/2027. Exhibit A is also revised.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Grant funds will be used for engineering and constructions costs to provide continuous shoreline protection (integrated armor stone revetment and nature-based shoreline) and public access along two (2) miles of an eroding shoreline from Euclid Beach Park east to East 185th Street.			

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:	10
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	City of Cleveland

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Natural Resources – Emergency Erosion Assistance Grant (EEAG)
	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.

ION2026-52

TITLE	Assistant Outpatient Treatment Program
DEPARTMENT OR AGENCY NAME	Probate Court

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).
*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input checked="" type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). <ul style="list-style-type: none"> ➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" 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)	Assistant Outpatient Treatment Program	7/1/2025 – 6/30/2025	67,125.00		
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:	The Assistant Outpatient Program (AOT) is a court supervised, community-based initiative designed to reduce the frequency and duration of inpatient psychiatric hospitalization, homelessness, and involvement with the criminal justice system among individuals with severe mental illness (SMI). AOT serves adults who, due to untreated or undertreated mental illness, present a danger to themselves or others. Through judicial oversight and close collaboration with community stakeholders. the program promotes long term stability, improves health and social functioning, and supports sustained participation in community-based care while protecting public safety.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Reducing psychiatric hospitalizations and crisis services Improving treatment adherence and increasing housing stability Decreasing involvement with criminal justice system				

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. Ohio Department of Behavioral Health
	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.

ION2026-53

TITLE	FY25 Hazard Mitigation Grant Program (HMGP) – Time Extension
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive) X Requesting Authority to designate Brandy Carney, Director, As Authorized Agent to execute grant amendment
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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)	FY25 Hazard Mitigation Grant Program	8/8/2025-10/15/2026	\$74,142.93	9/22/2025	BC2025-604
AMENDMENT (A-1)	FY25 Hazard Mitigation Grant Program	8/8/25-6/30/2027	\$0		
AMENDMENT (A-)					

DESCRIPTION/ EXPLANATION OF THE GRANT:	Requesting authority to accept a grant amendment for time extension only, on the FY2025 Hazard Mitigation Grant Program (HMGP) and requesting designation of Brandy Carney, Director of Public Safety & Justice Services to serve as agent to execute the time extension amendment. The HMGP funds are Federal Emergency Management Agency (FEMA) funds awarded to the State of Ohio to assist with eligible mitigation projects including updating county mitigation plans. Total award is \$74,142.93 (\$55,607.20 Federal, \$9,267.87 State of Ohio Match, \$9,267.86 Cuyahoga County Match)
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	RFP was issued for contractor to assist with Cuyahoga County's 2026 Hazard Mitigation Plan Update. The Mitigation Plan is required for municipalities to be eligible for disaster assistance.

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

PROJECT COUNCIL DISTRICT:	All
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.
	Federal Emergency Management Agency, passed through the Department of Public Safety/Ohio Emergency Management Agency
	Does this require a Cash Match by the County? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.
	\$9,267.87 County Match required – Funding Source – Public Safety Grants Administration PJ100105

ION2026-54

(See related list of Contracts up to \$10,000.00 processed and executed for the week of 5/11/2026 in Section V. above).

ION2026-55

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 4/1/2026 – 4/30/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT