



**Cuyahoga County Board of Control Agenda
Tuesday, May 26, 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 – 5/18/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-247

Department of Public Works, submitting an amendment to Contract No. 1126 with Union Industrial Contractors, Inc. for rehabilitation of Cedar Point Bridge No. 00.49 over the Rocky River located in the Cleveland Metropolitan Park District in the City of North Olmsted for additional funds in the amount not-to-exceed \$326,804.53, recommending to accept construction as complete and in accordance with plans and specifications; requesting authority for the County Treasurer to release the escrow account, in accordance with Ohio Revised Code Section 153.63, effective upon signatures of all parties.

Funding Source: Cuyahoga County Road & Bridge Fund

BC2026-248

Department of Public Works, recommending an award and enter into Contract No. 6246 with CFM, Inc. (112-1) in the amount not-to-exceed \$42,000.00 for sprinkler system maintenance services at various County buildings for the period 1/1/2026 – 12/31/2027.

Funding Source: General Fund

BC2026-249

Department of Development, recommending an award and enter into Agreement No. 5960 with Cleveland State University in the amount not-to-exceed \$50,000.00 for research and analysis in areas related to Economic Development for the period 5/1/2026 - 2/8/2027, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-250

Department of Housing and Community Development, recommending an award and enter into Agreement No. 6205 with City of Lakewood in the amount not-to-exceed \$446,233.28 for HOME funded activities for the period 5/1/2025 – 12/31/2025, effective 1/1/2026.

Funding Source: HOME Investment Partnership Program Grant

BC2026-251

Department of Information Technology, recommending an award on Purchase Order No. 26001890 to Carahsoft Technology Corp. in the amount not-to-exceed \$81,683.40 for a joint cooperative purchase for renewal of various Smartsheet project management software subscriptions and support for the period 8/21/2026 – 8/20/2027.

Funding Source: General Fund

BC2026-252

Department of Information Technology,

- a) Submitting an RFP exemption, which will result in an award recommendation to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$29,970.00 for the purchase of (30) Business Plan Enterprise Training Platform Subscriptions for the period 10/29/2026 – 10/28/2027.
- b) Recommending an award on Purchase Order No. 26001929 to Internetwork Expert, LLC dba INE Holdings, LLC in the amount not-to-exceed \$29,970.00 for the purchase of (30) Business Plan Enterprise Training Platform Subscriptions for the period 10/29/2026 – 10/28/2027.

Funding Source: General Fund

BC2026-253

Department of Information Technology, recommending an award on Purchase Order No. 26001952 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$25,020.00 for a joint cooperative purchase for the renewal of Bluebeam annual software license subscriptions, (68) Revu Core and (5) Revu Complete for the period 6/6/2026 – 6/5/2027.

Funding Source: General Fund

BC2026-254

Department of Information Technology, submitting an amendment to Contract No. 5152 (fka Contract No. 3287) with Mythics, LLC for Oracle database software support and maintenance services for various departments for the period 6/1/2023 – 5/31/2026 to extend the time period to 5/31/2027, to replace the insurance requirements with updated requirements, to add additional language to section 3.1, and for additional funds in the amount not-to-exceed \$259,207.96, effective upon signatures of all parties.

Funding Source: 54% Real Estate Assessment Fund, 36% General Fund and 10% Health & Human Services Levy Fund

BC2026-255

Department of Information Technology, recommending an award and enter into a cybersecurity services contract pursuant to R.C. 9.64 via Contract No. 6329 (360-10) in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties for a period of 1 year.

Funding Source: Capital Improvement Plan

BC2026-256

Department of Internal Audit, recommending an award on Purchase Order No. 26001877 to Carahsoft Technology Corp. in the amount not-to-exceed \$22,098.06 for a joint cooperative purchase for renewal of (6) TeamMate audit software subscriptions, maintenance and support for the period 5/7/2026 - 5/6/2027.

Funding Source: General Fund

BC2026-257

Cuyahoga County Law Library,

- a) Submitting an RFP exemption, which will result in an award recommendation to West Publishing Corporation dba Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$181,176.00 for electronic legal research and reference database services for library patrons for a period of 3 years from the date of activation.
- b) Recommending an award and enter into Contract No. 6243 with West Publishing Corporation dba Thomson Reuters Enterprise Centre GmbH in the amount not-to-exceed \$181,176.00 for electronic legal research and reference database services for library patrons for a period of 3 years from the date of activation.

Funding Source: Cuyahoga County Law Library Special Revenue Fund

BC2026-258

Department of Human Resources,

- a) Submitting an RFP exemption, which will result in an award recommendation to ERC Services, Inc. in the amount not-to-exceed \$25,525.00 for the purchase of Microsoft Suite Product Training Courses (50 for Microsoft Word and 35 for Excel) under the Ohio TechCred Grant Round 32 to be used between 4/1/2025 – 7/31/2026.
- b) Recommending an award on Purchase Order No. 26001898 to ERC Services, Inc. in the amount not-to-exceed \$25,525.00 for the purchase of Microsoft Suite Product Training Courses (50 for Microsoft

Word and 35 for Excel) under the Ohio TechCred Grant Round 32 to be used between 4/1/2025 – 7/31/2026.

Funding Source: 100% General Fund (eligible for reimbursement by Ohio Department of Development)

BC2026-259

County Prosecutor, recommending an award on Purchase Order No. 26001186 with MNJ Technologies Direct, Inc. in the amount not-to-exceed \$32,994.00 for a state contract purchase of (2) Cisco switches, associated equipment, licenses, subscription services, and Smart Net Total Care extended service coverage for a period of 3 years from the date of activation for the Crime Strategies Unit.

Funding Source: 85% Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and 15% General Fund

BC2026-260

Medical Examiner’s Office, submitting an amendment to Contract No. 3604 with Promega Corporation for renewal of preventative maintenance services for (3) Maxwell RSC 48 instruments for the period 7/1/2024 – 6/30/2026 to extend the time period to 6/30/2027, and for additional funds in the amount not-to-exceed \$11,663.00, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-261

Medical Examiner’s Office,

- a) Submitting an RFP exemption, which will result in an award recommendation to Promega Corp. in the amount not-to-exceed \$18,068.00 for general and preventative maintenance services for the Maxprep Liquid Handler instrument, including all associated components and software for the DNA Lab for the period 6/4/2026 – 6/3/2028.
- b) Recommending an award and enter into Contract No. 6201 with Promega Corp. in the amount not-to-exceed \$18,068.00 for general and preventative maintenance services Maxprep Liquid Handler instrument, including all associated components and software for the DNA Lab for the period 6/4/2026 – 6/3/2028.

Funding Source: General Fund

BC2026-262

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 6224 with Integrated Solutions Consulting, Corp. (630-8) in the amount not-to-exceed \$69,950.00 for development and update of the 2022-2027 All Hazards Mitigation Plan for Cuyahoga County, effective upon signatures of all parties through 4/30/2027.

Funding Source: U.S. Department of Homeland Security, Federal Emergency Management Agency, Hazard Mitigation Grant Program (75%; \$52,462.50), Ohio Emergency Management (12.5%; \$8,743.75) and the General Fund (12.5%; \$8,743.75)

BC2026-263

Department of Public Safety and Justice Services, recommending an award and enter into Contract No. 6234 with Camp Ho Mita Koda Foundation (58-1) in the amount not-to-exceed \$24,466.00 for the Camp HOPE America Model Program, effective upon signatures of all parties through 7/24/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-264

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting an amendment to a Revenue Generating Agreement (via Contract No. 5309) with Oriana House, Inc. to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for consumers seeking enrollment in Oriana House's diversion program or transitioning back into the community for the period 6/1/2025 - 6/30/2026 to extend the time period to 6/30/2027, and for additional revenue in the amount not-to-exceed \$17,352.99, effective 7/1/2026.

Funding Source: Revenue Generating

BC2026-265

Department of Health and Human Services/Cuyahoga Job and Family Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Verge, Inc. in the amount not-to-exceed \$76,460.00 to administer utility assistance services to eligible clients referred by Cuyahoga Job and Family Services, effective upon signatures of all parties through 6/30/2027.
- b) Recommending an award and enter into Contract No. 6235 with Verge, Inc. in the amount not-to-exceed \$76,460.00 to administer utility assistance services to eligible clients referred by Cuyahoga Job and Family Services, effective upon signatures of all parties through 6/30/2027.

Funding Source: 90% Federal/State Temporary Assistance for Needy Families and 10% Health and Human Services Levy Fund

BC2026-266

Department of Health and Human Services/Community Initiatives Division/Office of Early Childhood, recommending an award and enter into Contract No. 6197 with Rockside 77 Hospitality, LLC, dba Holiday Inn Independence (112-4) in the amount not-to-exceed \$11,095.90 for rental of space, refreshments, audio/visual equipment and related services for the Invest in Children Annual Meeting, effective upon signature of all parties through 9/30/2026.

Funding Source: Health and Human Services Levy Fund

C. – Consent Agenda

BC2026-267

Fiscal Department, presenting proposed travel/membership requests for the week of 5/26/2026:

Sheriff’s Department, recommending to Amend Board Approval No. BC2026-158, dated 3/30/2026, which authorized (2) staff to attend the Axon Week Event held in Nashville, TN on 4/7/2026 - 4/11/2026 to modify the travel dates and change the total amount of the travel request from \$7,232.00 to \$7,036.01 **as detailed below:**

Dept:	Sheriff’s Department							
Event:	Axon Week							
Source:	Axon							
Location:	Nashville, TN							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
David Perez	4/7/2026– 4/6/2026- 4/10/2026	\$1,188.00 \$1,298.00	\$188.00 \$107.74	\$1,500.00 \$0	\$340.00 \$33.19	\$400.00 \$562.93	\$3,616.00 \$2,001.86	Continuing Professional Training Fund
Devlin Padraig	4/7/2026– 4/6/2026 - 4/11/2026	\$1,188.00 \$1,298.00	\$188.00 \$137.28	\$1,500.00 \$3,066.16	\$340.00 \$48.31	\$400.00 \$484.40	\$3,616.00 \$5,034.15	Continuing Professional Training Fund

*Paid to host

**Staff reimbursement

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

To take advantage of a discount Devlin Padraig charged the lodging fees to his credit card, which cut down on costs for the county. Travel requests when placed on an agenda are only estimates and require an amendment from time to time if there is an increase in the total costs of an individual.

Purpose:

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

Dept:	Department of Public Works
Event:	2026 Public Works Expo Conference
Source:	American Public Works Association

Location:		Houston, TX						
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
Michael Dever	8/29/2026- 9/2/2026	\$919.00	\$268.00	\$1,171.96	\$140.00	\$400.00	\$2,898.96	Road and Bridge

*Paid to host

**Staff reimbursement

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

Purpose:

The Public Works Expo Conference provides a first-class multi-modal learning experience designed for professionals at all levels and across the entire spectrum of Public Works. It includes traditional and interactive sessions, seminars, workshops, and networking opportunities.

BC2026-268

Department of Purchasing, presenting proposed purchases for the week of 5/26/2026:

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
26001365	(6) Laptops, (4) UPS power supply units, and (1) Plotter jet Printer for the Board of Elections Disaster Recovery Program	Department of Public Safety and Justice Services on behalf of the Board of Elections	GovConnection, Inc.	\$35,410.00 (Previously approved 4/20/2026); Additional funds for \$2,317.80 for a total of \$37,727.80	FY24 Urban Area Security Initiative (UASI) Grant
26001948	(200) CBRN Breathing Respirators and (660) CBRN Canister Filters	Department of Public Safety and Justice Services	Drellishak & Drellishak dba Pro-Tech Sales	\$123,894.00	FY24 Urban Area Security Initiative (UASI) Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001878	MSY placement services for the period 4/1/2026-4/30/2026*	Division of Family and Children First Council	Division of Children and Family Services	\$25,677.30	State MSY Fund

*Approval No. BC2025-472 dated 7/21/2025, which approved an alternative procurement process which will result in award recommendations to various providers in the total amount not-to-exceed \$375,000.00 to pay invoices for the Multi-System Local Youth Program for the period 7/1/2025 – 6/30/2027.

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-58

Department of Public Works, submitting a grant agreement with the Ohio Department of Transportation in the estimated amount of \$187,500.00, to support the Cuyahoga County Bike and Pedestrian program for communications and engagement campaigns to educate key audiences about Cuyahoga County's regional shared mobility program.

Funding Source: Federal Transportation Alternatives Fund

ION2026-59

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting a grant award from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount not-to-exceed \$360,920.00 for the FY25 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program for the period 10/1/2025 – 9/30/2027.

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

ION2026-60

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to a grant agreement with U.S. Department of Housing and Urban Development for Continuum of Care Coordinated Entry System in connection with FY2024 Continuum of Care Homeless Program Competition grant for the period 2/1/2025 – 1/31/2026 to extend the time period to 7/31/2026, no additional funds required.

Original Funding Source: 75% U.S. Department of Housing and Urban Development Continuum of Care Program and 25% Cash Match (Health and Human Services Levy Fund)

ION2026-61

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	6242	Bitly Inc.	Enterprise plan for URL shortening services and link management platform.	\$9,500.00	Department of Information Technology	Effective upon signatures of all parties through 12	General Fund	(Executive) 5/15/2026

						months from effective date		
NA	6251	Case Western Reserve University	Final Evaluation Report related to the Peer Support Pilot Program	\$10,000.00	Corrections Planning Board	03/01/2026-09/30/2026	U.S. Department of Justice, Bureau of Justice Assistance	(Executive) 5/15/2026

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
R2026-0011	Rehabilitation of Ridgewood Drive Bridge 00.15 over Countryman’s Creek in the City of Parma Heights – Council District 4	\$2,700,000.00		Road and Bridge Fund	(Executive) 5/15/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, May 18, 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 11:03 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
Councilmember Michael Houser
Councilmember Robert Schleper

II. – REVIEW MINUTES – 5/11/2026

Michael Chambers motioned to approve the minutes from the May 11, 2026, meeting; Robert Schleper 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

BC2026-243

Department of Public Safety and Justice Services, submitting a Subgrant Award Agreement from the Ohio Department of Public Safety/Office of Criminal Justice Services in the amount of \$19,355.61 for management of the FY2025 STOP Violence Against Women Act Administrative Grant Program for the period 1/1/2026 – 3/31/2027.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services. Additional project funding includes \$6,451.87 Local Cash Match to be paid from the General Fund; total project costs \$25,807.48.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-243 was approved by unanimous vote.

BC2026-244

Department of Public Safety and Justice Services, submitting a Subgrant Award Agreement from Ohio Department of Public Safety/Office of Criminal Justice Services in the total amount of \$677,582.59 for the Regional Planning Unit Project in connection with the FY2025 STOP Violence Against Women Act Block Grant for the period 1/1/2026 – 3/31/2027

Funding Source: Ohio Department of Public Safety, Office of Criminal Justice Services. Additional project funding includes a \$124,223.47 Local Cash Match to be paid by political subdivision subrecipients (not paid by Cuyahoga County or nonprofit subrecipients) for a total project cost of \$801,806.06.

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-244 was approved by unanimous vote.

BC2026-245

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services,

- a) Requesting authority to apply for grant funds from U.S. Department of Housing and Urban Development in the amount of \$547,255.00 to renew the Rapid Re-housing services for families project in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the period 6/1/2026 – 5/31/2027.
- b) Submitting a grant award from U.S. Department of Housing and Urban Development in the amount of \$547,255.00 to renew the Rapid Re-housing services for families project in connection with FY2024 Continuum of Care Homeless Program Competition Grant for the period 6/1/2026 – 5/31/2027.

Funding Source: U.S. Department of Housing and Urban Development. Additional project funding includes a \$136,814.00 local Cash Match to be paid with Health and Human Services Levy Funds for a total project cost of \$684,069.00.

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-245 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda item. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-246; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-246

Fiscal Department, presenting proposed travel/membership requests for the week of 5/18/2026:

Dept:	Public Defender’s Office							
Event:	49 th National Child Welfare Law Conference							
Source:	National Association of Counsel for Children							
Location:	Portland, OR							
Staff	Travel Dates	Registration *	Meals **	Lodging **	Ground TRN/ Mileage **	Air ***	Total	Funding Source
William Daugherty	8/11/2026- 8/14/2026	\$750.00	\$200.00	\$750.00	\$300.00	\$650.00	\$2,650.00	General Fund 82% reimbursed by Ohio Public Defender

*Paid to host

**Staff reimbursement

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

Purpose:

This conference brings together professionals from child welfare law and intersection fields and further NACC's mission by exchanging ideas, information, and collective efforts. The conference assist professionals to move beyond identifying problems and work towards uplifting and co-creating systems and practices that work. Sustainable practice equips professionals to serve effectively and resiliently amid ongoing challenges, while sustainable community builds collaboration, mentorship, and shared purpose. The conference will explore how to cultivate communities of practice that empower clients and colleagues, bridge caps, across disciplines and jurisdictions, and inspire compassionate, lasting solutions for children and families.

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-56

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting a Grant application to U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in the amount of \$1,589,111.00 for the Cuyahoga County Overdose Fatality Review Counteractive Initiative project in connection with the FY2025 Comprehensive Opioid, Stimulant, and Substance Use Site-based Grant Program for the period 6/1/2026 – 5/31/2029.

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

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	5348	Cuyahoga Land Bank Charities	For various projects or programs in connection with the FY2025 Community Development Supplemental Grant Program	\$0.00	Department of Housing and Community Development	1/1/2025-12/31/2025; to extend the time period to 6/30/2026	(Original) Community Development Supplemental Grant	(Executive) 5/7/2026 (Law) 5/7/2026
NA	6151	Dr. Krystal Hans Ph.D. dba Hans Forensics, LLC	Master Contract for Bugs & Bones Workshop Instructors	Not-to-Exceed \$4,500.00	Medical Examiner's Office	8/4/2026-8/7/2026	Coroner Lab Fund	(Executive) 5/7/2026 (Law) 5/12/2026
NA	6153	Dr. Linda B. Spurlock Ph.D.	Master Contract for Bugs & Bones Workshop Instructors	Not-to-Exceed \$2,500.00	Medical Examiner's Office	8/4/2026-8/7/2026	Coroner Lab Fund	(Executive) 5/7/2026 (Law) 5/12/2026

NA	6198	International Social Service United States of America Branch, Inc.	For an international home study and associated tasks	Not-to-Exceed \$5,000.00	Department of Health and Human Services/ Division of Children and Family Services	5/12/2026 - 3/31/2027	65% Health and Human Services Levy Fund and 35% and Title IV-E Reimbursement Fund	(Executive) 5/12/2026 (Law) 5/12/2026
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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 11:08 am.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-247

Title	Cedar Point Road Bridge AMD #8 (Final)		
Department or Agency Name	Public Works		
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):		

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	1126	Union Industrial Contractors, Inc.	N/A	\$3,055,480.60	May 11 th , 2021	R2021-0114
A-1	1126	Union Industrial Contractors, Inc.	N/A	\$2,026.85	June 21 st , 2022	Item No. 4
A-2	1126	Union Industrial Contractors, Inc.	N/A	\$2,274,161.73	May 23 rd , 2023	R2023-0134
A-3	1126	Union Industrial Contractors, Inc.	N/A	\$208,161.43	February 12 th , 2024	BC 2024-97
A-4	1126	Union Industrial Contractors, Inc.	N/A	\$200,400.00	August 5 th , 2024	BC2024-564
A-5	1126	Union Industrial Contractors, Inc.	N/A	\$315,290.63	November 25 th , 2024	BC2024-854
A-6	1126	Union Industrial	N/A	\$301,532.20	September 8 th , 2025	BC2025-563

		Contractors, Inc.				
A-7	1126	Union Industrial Contractors, Inc.	N/A	\$326,546.03	March 23 rd , 2026	BC2026-126
A-8	1126	Union Industrial Contractors, Inc.	N/A	\$326,804.53	PENDING	PENDING

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

The project consisted of rehabilitation of the existing structure over the Rocky River by replacing the bridge deck, sidewalks, railings and exterior beams, patching the interior beams and substructures, replacing the approach slabs and realigning the adjacent roadway.

Amendment #8 (Final)

This final amendment consists of one item. Ref. No. 139 – Delay Claim for \$326,804.53. After construction began in 2021, severe deterioration of portions of the bridge originally intended to remain, was discovered. The project was suspended for nearly a year while new plans were designed. Due to this, the scope of the project increased dramatically. The original contract was intended to be complete in the Fall of 2022. However, due to the project suspension and added work, the project was not completed until the summer of 2025. Per the contract, there were multiple delay costs that the contractor was entitled to. This item consists of escalation of material costs as well as escalation of labor costs for both the prime contractor and subcontractors. Inflation during the time period from 2021 to 2025 played a role in the extent of the escalations.

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

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

Project Goals, Outcomes or Purpose (list 3):
 See Above Service Description

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

Vendor Name and address:	Owner, executive director, other (specify):
Union Industrial Contractors, Inc. 1800 East 21 st Street Ashtabula, OH 44004	Ryan Cochran

Vendor Council District: N/A	Project Council District: 11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>4874</u> <input checked="" type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 3/9/2021	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$3,055,480.60	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 8 / 5	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): (10) DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Mathematically Balanced	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <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: 70%;">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.

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

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

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

PW605100

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

Provide status of project.
This amendment will close out the project.

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

Reason:

Timeline

Project/Procurement Start Date (date your team started working on this item):	4/27/2026
Date documents were requested from vendor:	4/27/2026
Date of insurance approval from risk manager:	5/12/2026
Date Department of Law approved Contract:	

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

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

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

HISTORY (see instructions): see chart above

BC2026-248

Title	Public Works – Sprinkler System Maintenance – CFM, Inc. – CM6246	
Department or Agency Name	Department of Public Works	
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.
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O	6246	CFM, Inc.	1/1/2026 – 12/31/2027	\$42,000.00	Pending	Pending
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Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
This contract is for outdoor sprinkler system start up, winterization, replacement of sprinkler nozzles and pop-up heads at various County locations.

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

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

Project Goals, Outcomes or Purpose (list 3):
This contract ensures outdoor sprinkler systems are running efficiently at various County buildings. It includes the replacement or repair of broken or non-working equipment as needed and then the activation of sprinklers in the spring and winterization prior to the winter season.

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):
CFM, Inc. 4292 W.217 St. Fairview Park, OH 44126	Fred Schroyering
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 checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 11/20/2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$42,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 112 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

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

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

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

General Fund / 100%

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

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

PW750100 / 55220

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

Provide status of project.

Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: The vendor was out of town all of the winter and was not available to sign the contract. Vendor does not email.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	10/10/25
Date documents were requested from vendor:	4/13/26
Date of insurance approval from risk manager:	5/8/26
Date Department of Law approved Contract:	2/9/26
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input 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.
O	3974	CFM, Inc.	1/1/2024 – 12/31/2025	\$22,000.00	3/4/2024	BC2024-170
A-1	3974	CFM, Inc.	1/1/2024 – 12/31/2025	\$20,000.00	4/7/2025	BC2025-233

BC2026-249

Title	CM# 5960 Department of Development; Cleveland State University Economic Analysis and Reporting, 5/1/2026 - 2/8/2027. Contract with Cleveland State University for staff of its Center for Economic Development to assist the Department of Development with economic analysis and reporting to support Cuyahoga County's economic development plan
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	5960	Cleveland State University	5/1/2026-2/8/2027	\$50,000.00	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.

Requesting approval of a contract agreement as indicated in the chart above with Cleveland State University in the amount of \$50,000 for the period 5/1/2026-2/8/2027

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

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

Project Goals, Outcomes or Purpose (list 3):

Contract with Cleveland State University for staff of its Center for Economic Development to assist the Department of Development with economic analysis and reporting to support Cuyahoga County's economic development plan.

This plan is to help shape the economic impact of specific strategic economic development priorities with key performance indicators and outcome metrics.

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland State University, 2121 Euclid Avenue, Cleveland, Ohio 44115	Molly Schnoke Director Center for Economic Development Levin College of Urban Affairs and Education
Vendor Council District:	Project Council District:
Council District # 7	City of Cleveland, Council District 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	All 59 Municipalities and townships in Cuyahoga County

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: NA	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / NA	<input type="checkbox"/> State Contract

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

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

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason: Received approved insurance from Matrix on 4/30/2026	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	2/18/2026
Date documents were requested from vendor:	3/20/2026
Date of insurance approval from risk manager:	4/30/2026
Date Department of Law approved Contract:	3/31/2026

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)						
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	3993	Cleveland State University	1/1/2024 – 12/31/2024	\$24,500.00	12/18/2023	BC2023-824

BC2026-250

Title	CM#6205 Department of Housing and Community Development; City of Lakewood; HOME Consortium Agreement; HUD Grant
Department or Agency Name	Department of Housing and Community Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6205	City of Lakewood	5/1/2025 – 12/31/2025 Effective 1/1/2026	\$446,233.28	Pending	Pending

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

The Department of Housing and Community Development is requesting approval of a contract with the City of Lakewood for the anticipated not-to-exceed amount of \$446,233.28.

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

For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): The primary goals of the project are for the City of Lakewood to use HOME funds for eligible Home buyer assistance, new construction, and rehabilitation.

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 Lakewood 12650 Detroit Avenue Lakewood, Ohio 44107	Meghan George, Mayor
Vendor Council District:	Project Council District:
10	10
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 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 No Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

100% HOME Investment Partnership Program Grant

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 HC223135

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:

Received signed contract after time of performance from vendor on 4/22/2026

Timeline

Project/Procurement Start Date (date your team started working on this item):	3/26/2026
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Date documents were requested from vendor:	4/23/2026
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Date of insurance approval from risk manager:	5/4/2026
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Date Department of Law approved Contract:	3/30/2026
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:

If late, have services begun? No Yes (if yes, please explain) Project started 5/1/2025 and ended 12/31/2025

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	3292	City of Lakewood	5/1/2023 – 4/30/2025	\$523,506.00	6/20/2023	R2023-0150
A-1	5529/48 41	City of Lakewood	5/1/2023 – 4/30/2025	\$197,549.00	12/16/2024	BC2024-945

BC2026-251

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

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	26001890 JCOP	Carahsoft Technology Corporation	08/21/2026 – 08/20/2027	\$81,683.40	PENDING	PENDING

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

The Department of Information Technology plans to contract with Carahsoft Technology Corporation, for the August 21, 2026 – August 20, 2027 for SmartSheet Professional Licenses in the amount of \$81,683.40.

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

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

Project Goals, Outcomes or Purpose (list 3):
 SmartSheet is currently in use by the Department of Information Technology. Smartsheet is a software platform that helps teams and organizations plan, manage, automate, and report on work. It's designed to improve collaboration, decision making, and innovation.
 Smartsheet's features include:
 Task assignment, Project progress tracking, Calendar management, Document sharing, Automation, and Integrations.
 Smartsheet can help teams:

Gain real-time visibility Increase transparency Improve accountability
 Identify delays and bottlenecks Be more productive
 Improve communication Bring teams together Manage complex projects Schedule projects quickly

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):
Carahsoft Technology Corporation 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Meagan Phillips Administrator
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 by the Federal Government with an award being made to Carasoft Technology Corporation. All vendors who are awarded a GSA contract have been reviewed, vetted and approved by the Federal Government. Carahsoft Technology Corporation is able to provide Cuyahoga County with the same discounted pricing afforded to the Federal Government under awarded GSA contract 47QSWA18D008F. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date GSA schedule number 47QSWA18D008F expires August 21, 2028.
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date: 05/12/2026</td> </tr> </table>	List date of TAC approval	Date: 05/12/2026
List date of TAC approval	Date: 05/12/2026	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval.		
<input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund
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. IT100130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002661 JCOP	Carahsoft Technology Corporation	08/21/2025 – 08/20/2026	\$78,683.73	09/15/2025	BC2025-578

BC2026-252

Title	PO26001929EXMT- 2026- Procurement of INE Training Platform 1 year Subscription
Department or Agency Name	The Department of Information Technology
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	PO26001929 EXMT	Internetwork Expert, LLC dba INE Holdings LLC	10.29.2026- 10.28.2027	\$29,970.00	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 INE Holdings LLC, for the INE Training Platform in the amount of \$29,970.00.

The Department of Information Technology uses INE Training Platform for employees to access educational related topics such as Cybersecurity, Firewalls, and Cloud based hosting.

One Year Subscription, October 29, 2026- October 28, 2027

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

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

Project Goals, Outcomes or Purpose (list 3):
 The selected product was identified as a well-rounded and comprehensive resource supporting a variety of instructional and training needs, particularly for our Engineering and IT Security teams.

Without proper training, the County's Cyber Security team may be ill equipped to recognize and neutralize threats to the County's network; Therefore, leaving the sensitive information of citizens, County employees and vendors vulnerable to hackers and attacks.

This purchase is a renewal of the INE Training Platform with the manufacturer of the platform, INE Holdings LLC.

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):
INE Holdings LLC 575 New Waverly Place Suite 201, Cary, NC 27518	Carly Cantarini 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. This purchase is a renewal of the INE Training Platform directly with the platform's manufacturer, INE. Other vendors were not considered, as staff members are currently enrolled in multiple training courses that are custom-designed and hosted by INE. Transitioning to a different vendor at this time would result in the loss of training progress, and course continuity for employees. As such, renewing with INE is the most practical and cost-effective option to ensure uninterrupted training. *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:5.12.2026
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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.

IT100140

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

Provide status of project.

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25002701 EXMT	Internetwork Expert, LLC dba INE Holdings LLC	10.29.2025-10.28.2026	\$29,970.00	7.28.2025	BC2025-480

BC2026-253

Title	Bluebeam Software
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input 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.
	26001952 JCOP	MNJ Technologies Direct, Inc.	06/06/2026 – 06/05/2027	\$25,020.00	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 on behalf of the Department of Works plans to contract with MNJ Technologies Direct, Inc., for the June 6, 2026 through June 5, 2027 for Bluebeam Software in the amount of \$25,020.00.

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):

Renewal of the Bluebeam software subscription to ensure continuity of operations across its building and infrastructure project workflows. Bluebeam provides a comprehensive PDF management and collaboration platform specifically designed for architecture, engineering, and construction environments. This software is used extensively by DPW and by partner agencies that collaborate on DPW-managed projects, including IT and the Sheriff's Department.

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

Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. MNJ Technologies Direct is able to provide Cuyahoga County with Contract pricing based off NCPA Contract #01-148 pricing which is considered lowest and best negotiated pricing for this purchase. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input checked="" type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date NCPA-01-148 Expires on 11.30.2026

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. 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: 05/14/2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

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.

PW100100

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

Provide status of project.

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

Reason:

Timeline

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

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

HISTORY (see instructions):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
	25004366 EXMT	MNJ Technologies Direct, Inc.	06/06/2025 – 06/05/2026	\$24,494.00	11/10/2025	BC2025-708

BC2026-254

Title	CM5152 fka CM3287- Renewal of Mythics LLC Oracle Database Software Support and Maintenance
Department or Agency Name	The 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.
O	3287	Mythics, LLC	06/01/2023-05/31/2024	\$397,515.10	05/30/2023	BC2023-346
A-1	3287	Mythics, LLC	06/01/2024 – 05/31/2025	\$413,415.36	05/28/2024	BC2024-402
A-2	5152	Mythics, LLC	06/01/2025-05/31/2026	\$429,951.96	4/21/2025	BC2025-268
A-3	5152	Mythics, LLC	Effective Date- 05/31/2027	\$259,207.96	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 amend Contract No. CM5152 fka CM3287 with Mythics, LLC., to extend time period to May 31, 2027 for Oracle Database Software & Maintenance in the amount of \$259,207.96.

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):
 Mythics provides Oracle database needs for the Sun T4 server environment. Oracle is used for many department systems, including Fiscal/Appraisal, HHS and Common Pleas. An RFP was released in April 2024 to replace the Sun T4 environment with new server architecture and an updated Oracle licensing agreement. This request is for a 3rd contract amendment.

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):
Mythics, LLC. 4525 Main Street, Suite 1500. Virginia Beach, Virginia 23462	Deonte J. Watters, Vice President, Contracts
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This is a request for a 3 rd amendment to continue services for 2026-2027 on the active contract CM5152 fka CM3287 *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

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

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:5.13.2026</td> </tr> </table> <input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:5.13.2026
List date of TAC approval	Date:5.13.2026	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>36% General Fund CP100105, IT100110</p> <p>54% Real Estate Assessment Fund FS305100</p> <p>10% Health & Human Services Levy Fund HS260110</p>
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.

CP100105

FS305100

IT100110

HS260110

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): see chart above

BC2026-255

Title	Cybersecurity services contract, redacted per R.C. 9.64
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.
O	6239	Redacted per R.C. 9.64	1 year, upon execution	\$200,000.00	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.

Redacted per R.C. 9.64

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):

Redacted per R.C. 9.64

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):
Redacted per R.C. 9.64	Redacted per R.C. 9.64
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 checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" 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: \$200,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 360 / 10	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<p>Emailed notifications were sent to 8 registered DEI vendors If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: This was an informal RFP.</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received? Contract expectations stated the NTE was \$200,000.00</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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% Capital Improvement Plan

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

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

IT600100

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

Provide status of project.

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

Reason:

Timeline

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

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

HISTORY (see instructions):

BC2026-256

Title	PO 26001877 - TeamMate Plus – Audit Management Software 05/07/2026 -05/06/2027	
Department or Agency Name	Department of Internal Auditing	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):	

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26001877	Carahsoft Technologies	05/07/2026 – 05/06/2027	22,098.06	TBD	TBD

Service/Item Description	Audit management software to allow for effective and efficient management of the audit workflow.
Indicate whether:	<input type="checkbox"/> New service/purchase <input checked="" type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)
For purchases of furniture, computers, vehicles:	<input type="checkbox"/> Additional <input type="checkbox"/> Replacement
Age of items being replaced:	How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3):	Efficiently document compliance with IIA standards throughout the audit workflow including: Risk Assessment Audit Planning Work Paper Management Remediation Tracking Key Performance Indicators

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):

Carahsoft Technologies Corp 11493 Sunset Hills Rd, Suite 100 Reston, Virginia 20190	Kaitlyn F Guerrero, Account Representative
Vendor Council District:	Project Council District:
N/A	N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

Is Purchase/Services technology related <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1" style="width: 100%;"> <tr> <td>List date of TAC approval</td> <td>Date: 03/13/2026</td> </tr> </table>	List date of TAC approval	Date: 03/13/2026
List date of TAC approval	Date: 03/13/2026	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval. <input type="checkbox"/> Check if item is ERP related? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		

Are the purchases compatible with the new ERP system? 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.
IA100100

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: Delay in receiving procurement documents from vendor (COI, Non-Comp Bid Statement & Ind Con Worker Acknowledgment). Requested 3/4/26; however, not received until 4/28/26.

Timeline

Project/Procurement Start Date (date your team started working on this item): 3/4/2026

Date documents were requested from vendor: 3/4/2026

Date of insurance approval from risk manager: 4/1/2026

Date Department of Law approved Contract: N/A - PO

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) Vendor delay & they did not disrupt service.

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.
A	25001314	Carahsoft Technology	05/07/25 – 05/06/26	\$22,098.00	4/14/25	BC2025-255
A	24001831	Carahsoft Technology	05/07/24 – 05/06/25	\$22,156.08	5/20/24	BC2024-375
O	23004364	Carahsoft Technology	10/01/23 – 05/06/24	\$28,284.15	10/23/23	BC2023-657

BC2026-257

Title	Cuyahoga County Law Library Contract with Thomson Reuters dba West Publishing Corporation for Westlaw Patron Access, 6/1/26-5/31/29
Department or Agency Name	Cuyahoga County Law Library
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	6243	West Publishing Corporation dba Thomson Reuters Enterprise Centre GmbH	6/1/26-5/31/29	\$181,176.00		

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
 Westlaw access for Law Library patrons for 3 years

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide Law Library patrons with quality legal reference and research materials
 Provide Law Library patrons with unique and proprietary legal reference and research materials
 Offer patrons a choice of databases to use for their legal reference and research projects

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: Thomson Reuters, dba West Publishing Corporation 610 Opperman Drive, Eagan, MN 55123	Owner, executive director, other (specify): John Traini, Sr. Sales Executive, State & Local Governments & Academic
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Vendor Council District: N/A	Project Council District: 7
If applicable provide the full address or list the municipality(ies) impacted by the project.	Cleveland

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

Is Purchase/Services technology related <input checked="" type="checkbox"/> No <input checked="" 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: 4/2/2026</td> </tr> </table>	List date of TAC approval	Date: 4/2/2026
List date of TAC approval	Date: 4/2/2026	
<input type="checkbox"/> 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% from the Cuyahoga County Law Library Resources Board Fund (special revenue)

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.

LL285100

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

Provide status of project. It has not yet begun.

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

Reason: N/A

Timeline

Project/Procurement Start Date (date your team started working on this item):	1/6/26
Date documents were requested from vendor:	2/18/26
Date of insurance approval from risk manager:	4/1/26 and 5/7/26
Date Department of Law approved Contract:	5/7/2026

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) N/A

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.

Prior original contract	5923 (formerly 3372)	Thomson Reuters dba West Publishing Corporation	6/1/23-5/31/26	\$149,390.64	5/22/2023	BC2023-326
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BC2026-258

Title	Human Resources; 2026 Purchase Order with ERC Services, Inc. for Microsoft Office Suite product training under the Ohio TechCred Grant Round 32 in the amount of \$25,525.00.
Department or Agency Name	Human Resources
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	26001898 EXMT	ERC Services, Inc.	2026	\$25,525.00		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.
 ERC Services will provide up to ten (10) classes of Microsoft Word Training and seven (7) classes of Microsoft Excel training to County staff. This training will better equip staff to utilize software that has been provided to them to improve efficiency and productivity. ERC has a track record of providing quality training under the TechCred grant program. ERC’s pricing was utilized in the grant application and can accommodate the County’s scheduling needs. The Ohio TechCred grant program will reimburse the cost of these trainings.

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):
 Improve employee skill sets, increase productivity, improve efficiency of staff.

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

Vendor Name and address:	Owner, executive director, other (specify):
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ERC Services, Inc. 387 Golf View Lane, Suite 100 Highland Heights, Ohio 44143	Kelly Keefe President/CEO
Vendor Council District:	Project Council District:
07	11
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

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

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

<p>FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.</p> <p>100% General Fund (eligible for reimbursement by Ohio Department of Development) under TechCred Grant Round 32 / HR290200 HR-25-OTC-R32)</p>
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. HR290200 - Round 32 / HR-25-OTC-R32)
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project. The grant funding period expires July 31, 2026 and training must be completed before then.								
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission Reason:								
Timeline								
<table border="1"> <tr> <td>Project/Procurement Start Date (date your team started working on this item):</td> <td></td> </tr> <tr> <td>Date documents were requested from vendor:</td> <td></td> </tr> <tr> <td>Date of insurance approval from risk manager:</td> <td></td> </tr> <tr> <td>Date Department of Law approved Contract:</td> <td></td> </tr> </table>	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:	
Project/Procurement Start Date (date your team started working on this item):								
Date documents were requested from vendor:								
Date of insurance approval from risk manager:								
Date Department of Law approved Contract:								
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:								
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)								
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)								

HISTORY (see instructions):

BC2026-259

Title	Request for PO 260001186 STAC with MNJ Technologies Direct, Inc. for purchase of IT hardware in the amount of \$32,994.00
Department or Agency Name	County Prosecutor's Office
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input checked="" type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	260001186 STAC	MNJ Technologies Direct, Inc.	N/A	\$32,994.00	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.

Replacement switches for (2) EOL Cisco 2960X's in the Prosecutor's Crime Strategies Unit.

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):

CCPO is upgrading older Cisco switches in the Crime Strategies Unit, which houses the Digital Evidence Intake Unit, to address network limitations that are slowing the intake and transfer of large digital evidence files.

Newer, higher-speed switches will better align with our existing infrastructure, helping to reduce bottlenecks and accelerate evidence processing.

In addition, this upgrade will improve internet upload and download performance, enabling faster acquisition and sharing of digital evidence from external and cloud-based sources.

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

Vendor Name and address:	Owner, executive director, other (specify):
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MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. State Contract Purchase *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date STS 534612 expires 9-30-2026 <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list date of TAC approval and answer the questions below.		
<table border="1"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	

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. N /A

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

85% (\$28,260.00) Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

15% (\$4,734.00) General Funds

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

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

PS285100 - BJA FY24 Body-Worn Camera Policy and Implementation Program to Support Law Enforcement grant award #15PBJA-24-GG-04443-BWCX

PS100100 – General Office funds

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):

BC2026-260

Title	CM3604 2ND Amendment with Promega Corporation, one-year period, for preventive maintenance services for three (3) Maxwell RSC 48 DNA/RNA extraction purification instruments for the ME’s DNA Lab in the amount of \$11,663.00.
Department or Agency Name	
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	3604	Promega Corp.	7/1/2024-6/30/2025	\$11,134.00	7/1/2024	BC2024-495
A-1	3604	Promega Corp.	7/1/2025 – 6/30/2026	\$11,218.00	4/28/2025	BC2025-282
A-2	3604	Promega Corp.	7/1/2026 – 6/30/2027	\$11,663.00	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.
 Preventive maintenance services for three (3) Maxwell RSC 48 DNA/RNA extraction purification instruments for the ME’s DNA Lab.

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):
 Repair, maintenance, parts
 Support services

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

Vendor Name and address:	Owner, executive director, other (specify):
Promega Corporation 2800 Woods Hollow Road Madison, WI 53711	William Linton, CEO Kim Houston, Rachel Frieders – Acct Managers
Vendor Council District:	Project Council District:

If applicable provide the full address or list the municipality(ies) impacted by the project.	
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COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. <i>Contract 2nd Amendment for continued maintenance. Equipment is proprietary and cannot be bid.</i> *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

General Fund 100% ME100105 / 55130
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. ME100105 / 55130
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2026-261

Title	CM6201 Contract Promega Corporation, two-year period, for preventive maintenance services for the MaxPrep Liquid Handler instrument and accessories for the amount not to exceed \$18,068.00.
Department or Agency Name	
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	6201	Promega Corp.	6/4/2026 – 6/3/2028	\$18,068.00	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.
Preventive maintenance services for MaxPrep Liquid Handler instrument and accessories for the ME's DNA Lab.

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

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Promega Corporation 2800 Woods Hollow Road Madison, WI 53711	William Linton, CEO Kim Houston, Rachel Frieders – Acct Managers
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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: _____	NON-COMPETITIVE PROCUREMENT Provide a short summary for not using competitive bid process. Requesting an RFP exemption for this purchase. Original purchase of the equipment was through Sole Source on PO#23004895 and funded by FY22 America Rescue Plan Spending Act (ARPA) Cuyahoga Crime Backlog Grant, and included a 2 year maintenance service agreement which expires 6/3/2026. The instruments and equipment are proprietary for Promega Corp. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date

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

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

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

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

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

General Fund 100% ME100105 / 55130

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.

ME100105 / 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):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-262

Title	PSJS; Integrated Solutions Consulting; Contract #6224 for Hazard Mitigation Planning Project; Upon Execution through April 30, 2027 for the amount \$69,950.00
Department or Agency Name	Public Safety & Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6224	Integrated Solutions Consulting, Corp.	Execution- April 30, 2027	\$69,950.00		

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

Requesting approval of a contract with Integrated Solutions Consulting in the amount of \$69,950.00 upon contract execution through April 30, 2027.

Public Safety & Justice Services and the Office of Emergency Management are contracting with Integrated Solutions Consulting to update the 2022-2027 All-Natural Hazards Mitigation Plan. The updated All-Hazards Mitigation Plan will address all hazards within Cuyahoga County including, but not limited to: Severe Thunderstorms, Utility Disruptions, Flooding, HAZMAT Spill/Release, IT/Communications Disruption, Severe Winter Weather, Tornadoes, Temperature Extremes, Infectious Diseases, Active Shooter incident, Mass Transportation incidents, Building/Structural Collapse, Civil Disturbance, Terrorism/CBRNE incident, and Nuclear

power incident. Integrated Solutions Consulting will develop the format and research methodology of the plan in conjunction with Cuyahoga County Office of Emergency Management staff.

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):
 Identify and analyze potential hazards
 Update County Hazard Mitigation Plan

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):
Integrated Solutions Consulting 220 S. Buchanan St. Edwardsville, IL 62025	Daniel Martin, Principal
Vendor Council District:	Project Council District:
N/A	County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT X	NON-COMPETITIVE PROCUREMENT
RQ# n/a <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 2/26/26	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$74,142.93	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 630 / 8 Commodity Codes: 906-64: Planning, Urban 906-66: Planning, Site 918-90: Strategic Technology Planning 918-92: Urban Planning Consulting 925-51: Hazardous Waste Engineering Services 926-45: Hazardous Material and Waste Services 926-72: Planning and Advisory Services, Environmental 961-44: Industrial Development and Planning Services 990-29: Disaster Preparedness/Emergency Planning	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A – Informal If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: Recommended vendor had the highest scored proposal	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? \$66,000.00-\$74,142.93	<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.

U.S. Department of Homeland Security, Federal Emergency Management Agency, Hazard Mitigation Grant Program (75%; \$52,462.50), Ohio Emergency Management (12.5%; \$8,743.75) and the General Fund (12.5%; \$8,743.75)

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.

PJ280115 55130 PJ-25-HMGP

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):

BC2026-263

Title	6234 - Camp Ho Mita Koda – Contract – Camp Hope 2026
Department or Agency Name	Public Safety and Justice Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6234	Camp Ho Mita Koda	Effective Date – July 24, 2026	\$24,466.00	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.

Camp HOPE America is the first evidence-based camping and mentoring initiative in the US to focus on children exposed to domestic violence. Cuyahoga County would like to enter into a contract with Camp Ho Mita Koda to be the location for our residential summer camp experience for children impacted by the generational cycles of violence and trauma. The summer camp will be held from 7/19/2026 – 7/24/2026

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

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

Project Goals, Outcomes or Purpose (list 3):
 The goal of Camp HOPE America is to break the generational cycle of family violence by offering healing and hope to children who have witnessed family violence. Structured activities are provided through an evidence and value-based curriculum that focuses on praising children for observed and developing character traits through the course of the camp program.

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):
Camp Ho Mita Koda Foundation 14040 Auburn Rd. Newbury, OH 44065	Alexandra Richardson Executive Director
Vendor Council District:	Project Council District:
N/A	All; County Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: 2/17/2026	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$24,466.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 58 / 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Only bid submission received.	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% Health & 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.

PJ325100

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

Provide status of project.
Waiting for approval to start recruitment for children to participate in services.

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.
	5324	Camp Ho Mita Koda	4/14/2025 - 8/1/2025	\$24,253.00	4/14/25	BC2025-258

BC2026-264

Title	2026; Cuyahoga Job and Family Services- Revenue Generating Agreement with Oriana House; Amendment 1 contract for the time 7/1/2026 – 6/30/2027.
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	5309	Oriana House, Inc.	6/1/2025-6/30/2026	\$17,010.82	6/23/2025	BC2025-410
A-1	5309	Oriana House, Inc.	7/1/2026-6/30/2027	\$17,352.99	Pending	Pending

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

Provide and employ CJFS trained workers to complete Oriana House Medicaid applications for individuals in a diversion program or transitioning back into the community and seeking enrollment at Oriana House.

This is an amendment 1 contract to the revenue generating agreement for the anticipated cost of \$17,352.99, for the time of 7/1/2026 – 6/30/2027.

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

For purchases of furniture, computers, vehicles: <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):		
<ul style="list-style-type: none"> • CJFS trained workers are responsible for completing Oriana House Medicaid applications for individuals seeking enrollment. • CJFS trained workers are responsible for determining income eligibility for Oriana House. 		

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Oriana House, Inc. 885 E. Buchtel Ave. Akron, OH 44305	Michael Randle, Executive Vice President of Operations
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. A revenue generating agreement is being requested because Oriana House is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete enrollments and redeterminations. *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"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

<input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating Agreement – CM 5309

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.

This project is a 100% revenue-generating agreement where Oriana House will pay CJFS for this program.

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.
 No accounting units are used because this is a revenue generating agreement.

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

Provide status of project.

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

HISTORY (see instructions): See chart above.

BC2026-265

Title	HHS-Cuyahoga County Job and Family Services; Contract Exemption; VERGE Inc. for Utility Assistance for time period effective upon signature – 6/30/2027.
Department or Agency Name	Cuyahoga Job and Family Services
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM 6235	VERGE Inc.	Effective upon signature – 6/30/2027	\$76,460.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.</p> <p>Cuyahoga Job and Family Services is requesting approval of a contract exemption with VERGE Inc., to provide utility assistance to residents who have received PRC approval, in the amount of \$76,460.00. The term of the contract is effective upon signature – 6/30/2027.</p>		
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>		
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p>		
Age of items being replaced:	How will replaced items be disposed of	N/A
Project Goals, Outcomes or Purpose (list 3):		

VERGE Inc. will provide utility assistance services to eligible clients referred by Cuyahoga County Jobs and Family Services (CJFS) who have an approved Prevention, Retention, and Contingency (PRC) application. VERGE will work with eligible utility expenses in accordance with PRC guidelines and funding requirements. VERGE will actively build and maintain working relationships with utility providers to support the effective delivery of PRC-authorized utility assistance.

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):
VERGE Inc. 1325 Carnegie Avenue, 2 nd Floor Cleveland, OH 44115	Shaun Woods, President
Vendor Council District: 07	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Serving all of Cuyahoga County Eligible Residents

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is an RFP Exemption due to the unique nature of service, and the need to have this service start immediately for the residents of Cuyahoga County. *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
	<input type="checkbox"/> Government Purchase

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

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

List date of TAC approval	Date:
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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.
90% Federal/State Temporary Assistance for Needy Families
10% 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.
Accounting Unit: HS260195; Account Number: 55130; Activity Code: UCH08300

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

Provide status of project.
New service/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):

BC2026-266

Title	2026 IIC Annual Meeting with Rockside 77 Hospitality, LLC at Holiday Inn Cleveland South Independence	
Department or Agency Name	Office of Early Childhood / Invest in Children	
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	6197	Rockside 77 Hospitality, LLC, dba Holiday Inn Independence	effective date – 9/30/2026	\$11,095.90	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.

Rockside 77 Hospitality, LLC shall provide accommodations, equipment, and catering services for Invest in Children’s Annual Meeting being held on September 30th, 2026.

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

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

Project Goals, Outcomes or Purpose (list 3):

Access to the facility for up to 8 hours to accommodate set-up and tear-down.
 Large ballroom access with the ability to seat up to 300 people and a smaller breakout room to seat up to 40 people.
 Continental breakfast and coffee service to serve up to 300 people and 40 premium box lunches.

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):
Rockside 77 Hospitality, LLC 6001 Rockside Rd Independence, OH 44131	Tom Moore Vice President
Vendor Council District:	Project Council District:
6	6
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# <u>N/A</u> <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" 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: \$15,718.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 112 / 4	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Lowest bid was \$11,095.90, highest bid was \$26,630.00.	<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"> <tr> <td>List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	

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.

Health and Human Services Levy – 100%

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

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

HS260235 / 55130 / UCH09999

Payment Schedule: Invoiced Monthly Quarterly One-time Other (please explain): Vendor requires an advance payment of \$1,000.00

Provide status of project. To be held on September 30, 2026

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

Reason:

Timeline

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

C. - Consent Agenda

BC2026-267

(See related items for proposed travel/memberships for the week of 5/26/2026 in Section C above).

BC2026-268

(See related items for proposed purchases for the week of 5/26/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-58

TITLE	Public Works requests approval of the Non-Infrastructure Project Agreement for the Cuyahoga County Bike Pedestrian Campaign.
DEPARTMENT OR AGENCY NAME	Public Works

REQUESTED ACTION	<input type="checkbox"/> Public Convenience and Welfare <input checked="" type="checkbox"/> Agreements <input type="checkbox"/> Amendments to Agreements related to Public Convenience and Welfare
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PROJECT DESCRIPTION:	(LIST ROAD JOB/PROJECT NAME) Cuyahoga County Bike Pedestrian Campaign.
ADDITIONAL INFORMATION (IF APPLICABLE)	<p>The purpose of the project is to share communications and engagement campaigns to educate key audiences about Cuyahoga County’s regional shared mobility program.</p> <p>ODOT shall provide to Grantee 100% of the eligible costs, up to a maximum of \$187,500 in Transportation Alternatives funds. This maximum amount reflects the funding limit for the Project set by the applicable Program Manager.</p>
PROJECT COUNCIL DISTRICT(S):	Council District 2, 3, 7, 8, 10 and 11
PROJECT ANTICIPATED START/END DATES	The project is anticipated to start September 1 st , 2026, and is anticipated to be completed by November 1 st , 2027.
TOTAL PROJECT COST:	\$187,500

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if “no” please explain):
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	100% Federal (\$187,500) (Transportation Alternatives funds)

PROJECT'S CURRENT/HISTORICAL INFO	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL PUBLIC CONVENIENCE AND WELFARE	N/A	N/A
AMENDMENT PUBLIC CONVENIENCE AND WELFARE		
AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		
AMENDED AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		

ION2026-59

TITLE	PSJS on behalf of CCMEO – Grant Award - BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program - \$360,920.00
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services on behalf of the Medical

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
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ORIGINAL (O)	BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program	10/1/2025-9/30/2027	\$360,920.00	11/24/25	CON2025-100
AMENDMENT (A-1)					
AMENDMENT (A-2)					
DESCRIPTION/EXPLANATION OF THE GRANT:	Public Safety & Justice Services on behalf of the Medical Examiner’s Office has been awarded BJA FY25 DNA Capacity Enhancement for Backlog Reduction (CEBR) – Formula Grants Program. The purpose of the grant is to increase the capacity of DNA sample analysis at the Regional Forensic Science Laboratory which is the primary accredited DNA Analysis Laboratory for Cuyahoga County and the region. The award will provide the DNA laboratory grant funding to process more DNA samples to reduce the number of forensic DNA samples awaiting analysis and/or prevent a backlog of forensic DNA samples. The grant’s period of performance is projected for the period 10/1/2025 through 9/30/2027 and the award amount is \$360,920.00.				
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Process forensic DNA samples by increasing the capacity through the proposed purchase of supplies for backlogged cases.</p> <p>Reduce turnaround time, increase throughput, reduce the number of forensic DNA samples awaiting analysis, and/or to prevent a backlog of forensic DNA samples</p> <p>Increase knowledge of current practices in the scientific DNA field.</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 Council Districts
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All Council Districts & Municipalities

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
	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.

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TITLE	COORDINATED ENTRY GRANT – FY24 HOMELESS CONTINUUM OF CARE – AMENDED REQUEST FOR GRANT APPLICATION AUTHORITY
DEPARTMENT OR AGENCY NAME	Office of Homeless 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 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 <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 checked="" 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)	Coordinated Entry	2/1/25 – 1/31/26	\$1,013,070	5/19/25	BC2025-332
AMENDMENT (A-1)	Coordinated Entry	2/1/25 – 1/31/26	\$2,013,070	7/21/25	BC2025-466
AMENDMENT (A-)	Coordinated Entry	2/1/25 - 7/31/26	\$0	Pending	Pending

DESCRIPTION/ EXPLANATION OF THE GRANT:	<p>OHS received a Coordinated Entry grant through the FY2024 US Department of Housing and Urban Development Continuum of Care Competition. The notification of award indicated \$1,013,070, which was submitted and approved on 5/19/25. Upon receipt of the grant agreement, additional funding was made available through the amendment request approved on 7/21/25. We have now received an amendment from HUD to extend the grant term to 7/31/26 with no additional funds. The project goals remain the same.</p> <p>HUD requires each Continuum of Care to establish and operate a centralized or coordinated assessment system referred to as coordinated entry to ensure the prioritization of limited resources toward those most in need. This system is designed to improve efficiency, fairness, and accessibility of crisis response systems within the CoC. Locally this grant funds Coordinated Intake access, assessment, and administration, as well as housing navigation.</p>
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	<p>Ensure equitable and streamlined access to housing and services</p> <p>Prioritize assistance for those with the greatest need</p> <p>Improve system-wide efficiency and data-informed decision-making</p>

GRANT SUBRECIPIENTS – ARE THERE ANY SUBRECIPIENTS THAT ARE WRITTEN INTO THE GRANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF ANSWERED YES, PLEASE COMPLETE THE BOXES BELOW AS IT PERTAINS TO THE SUBRECIPIENT.	
FOR MULTIPLE SUBRECIPIENTS, PLEASE COPY THIS SECTION AND COMPLETE FOR EACH SUBRECIPIENT.	
SUBRECIPIENT'S NAME AND ADDRESS:	Mental Health Services for Homeless Persons, Inc DBA FrontLine Service
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Corrie Taylor, Executive Director 1744 Payne Ave Cleveland, OH 44114
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$847,910.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	United Way of Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Sharon Sobol Jordan, President and Chief Executive Officer 1331 Euclid Ave Cleveland, OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	7
DOLLAR AMOUNT ALLOCATED:	\$215,380.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	Lutheran Metropolitan Ministry
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Maria Foscia, President and Chief Executive Officer 4515 Superior Avenue Cleveland, Ohio 44103
SUBRECIPIENT'S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$215,352.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	YWCA Greater Cleveland
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Helen Forbes Fields, Chief Executive Officer 4019 Prospect Ave Cleveland OH 44115
SUBRECIPIENT'S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$241,000.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

SUBRECIPIENT'S NAME AND ADDRESS:	Cuyahoga Metropolitan Housing Authority
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	Jeffrey Patterson, Chief Executive Officer 5715 Woodland Ave Cleveland, OH 44104
SUBRECIPIENT'S COUNCIL DISTRICT:	8
DOLLAR AMOUNT ALLOCATED:	\$65,000.00
PROJECT COUNCIL DISTRICT:	County-wide
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	County-wide

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	U.S. Department of Housing and Urban Development
	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.

	<p>HUD requires a 25% match, totaling \$503,268, which is broken down as follows:</p> <p>62.2% Health & Human Services Levy funds in OHS' operating budget (HS260350). This consists of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/26 – CM5246) in the amount of \$160,245 as well as a percentage of OHS staff time totaling \$152,944.</p> <p>37.8% Emergency Solutions Grant. This consists of a separate line in the existing Coordinated Entry contract with Mental Health Services for Homeless Persons, Inc., DBA FrontLine Service (effective 2/1/26 – CM5246).</p>
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(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 5/26/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT