



**Cuyahoga County Board of Control Agenda
Monday, June 8, 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 – 6/1/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-277

Department of Public Works, recommending an award on RQ16330 and enter into Contract No. 6077 with DLZ Ohio, Inc. (108-5) in the amount not-to-exceed \$500,000.00 for construction management and support services, for a period of 3 years effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

BC2026-278

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Aerozone Alliance in the amount not-to-exceed \$112,500.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 6257) with Aerozone Alliance in the amount not-to-exceed \$112,500.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-279

Sheriff's Department, recommending an award and enter into Agreement No. 6256 with City of Fort Worth, Texas in the amount not-to-exceed \$10,200.00 for the purchase of (2) Tactical Medical vehicles, effective upon signatures of all parties through final invoice payment.

Funding Source: General Fund

BC2026-280

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4600 with Stella Maris, Inc. for temporary housing for homeless single adult males in Cuyahoga County with substance abuse issues for the period 7/1/2024 – 6/30/2026 to extend the time period to 10/31/2026, add Vendor Credit and Branding Requirements, add Exhibit II-B representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$88,333.00, effective 7/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-281

Department of Health and Human Services/Community Initiatives Division/Office of Homeless Services, submitting an amendment to Contract No. 4687 with Joseph's Home dba Joseph and Mary's Home for temporary housing and supportive services for medically fragile men experiencing homelessness for the period 7/1/2024 - 6/30/2026 to extend the time period to 10/31/2026, to add Vendor Credit and Branding Requirements, add Exhibit II-B representing the budget for the amendment term, and for additional funds in the amount not-to-exceed \$89,182.00, effective 7/1/2026.

Funding Source: Health and Human Services Levy Fund

BC2026-282

Department of Health and Human Services,

- a) Submitting an RFP Exemption, which will result in an award recommendation to MedWish Medworks in the amount not-to-exceed \$90,648.00 for administration, outreach, enrollment and coordination services for the Cuyahoga Health Access Partnership (CHAP) Program for the period 7/1/2026 – 6/30/2028.
- b) Recommending an award and enter into Contract No. 6236 to MedWish Medworks in the amount not-to-exceed \$90,648.00 for administration, outreach, enrollment and coordination services for the Cuyahoga Health Access Partnership (CHAP) Program for the period 7/1/2026 – 6/30/2028.

Funding Source: Health and Human Services Levy Fund

C. – Exemptions

BC2026-283

Medical Examiner’s Office, recommending an alternative procurement process, which will result in an award recommendation to Promega Corporation and Life Technologies in the amount not to exceed \$249,611.00 to procure genetic testing kits and other consumable supplies for the period 10/1/2025 - 9/30/2027 in connection with the FY2025 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program.

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

D. – Consent Agenda

BC2026-284

Fiscal Department, presenting proposed travel/membership requests for the week of 6/8/2026:

Dept:	Department of Public Works							
Event:	2026 Engineers Society of Western Pennsylvania International Bridge							
Source:	Engineers Society of Western Pennsylvania							
Location:	National Harbor, MD							
Staff	Travel Dates	Registration	Meals	Lodging	Ground TRN/ Mileage	Air	Total	Funding Source
Byron Sah	6/15/2026-6/17/2026	\$550.00	\$180.00	\$913.32	\$753.72	\$0.00	\$2,397.04	Engineers’ Society of Western Pennsylvania’s (ESWP)

*Paid to host

**Staff reimbursement

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

Purpose:

The International Bridge Conference (IBC) is the pre-eminent arena for the bridge industry in North & South America, Europe, Australia, Asia, and Africa. Presented by the Engineers’ Society of Western Pennsylvania (ESWP), the IBC annually attracts over 1,000 bridge owners and engineers, senior policy makers, government officials, bridge designers, construction executives, and suppliers from throughout the United States and abroad. The ESWP provides travel scholarships that cover all expenses to government officials and Byron Sah was selected.

BC2026-285

Department of Purchasing, presenting proposed purchases for the week of 6/8/2026:

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
26001893	(8) Ballistic shields for the Cuyahoga County Sheriff's Department SWAT team.	Department of Public Safety and Justice Services	Drellishak & Drellishak Inc. dba Pro-Tech Sales	\$47,880.00	FY23 Urban Area Security Initiative Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002105	Factory Authorized - Miscellaneous invoices for equipment repairs *	Department of Public Works	Johnson Controls Fire Protection L.P.	\$40,467.37	General Fund
26002011	Out-of-home care placement services for the period 4/1/2026- 4/30/2026 **	Division of Children and Family Services	Care One Home Health Care Services, LLC	\$21,105.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

*Approval No. BC2025-13, dated 1/6/2025, which amended BC2023-452 dated 7/17/2023, which approved an alternative procurement process and exemption from aggregation on various purchase orders, which will result in various award recommendations to various Factory Authorized Dealers for vehicle and equipment repairs, parts and services for the period 11/29/2022 – 12/31/2024 by changing the total amount not-to-exceed from \$1,475,000.00 to \$1,925,000.00 and extending the time period to 12/31/2025.

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

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

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-64

Department of Public Works, submitting a grant agreement and award from America250-Ohio Commission in the amount of \$9,800.00 for Rediscover Veterans Memorial Bridge event for the period 5/22/2026 – 11/30/2026.

Funding Source: America250-Ohio Commission

ION2026-65

Sheriff’s Department, submitting a Subgrant Award Agreement with Ohio Department of Public Safety/Office of Criminal Justice Services in the amount not-to-exceed \$89,999.97 for personnel overtime costs and training of dedicated CCSD Deputies assigned to the CCSD Violent Crime Reduction (VCR) initiative in connection with the FY2026 Violent Crime Reduction Initiative Grant for the period 1/1/2026 - 12/31/2026.

Funding Source: Ohio Department of Public Safety/Office of Criminal Justice Services

ION2026-66

Department of Public Safety and Justice Services, submitting a grant agreement with Ohio Emergency Management Agency in the amount of \$204,353.00 for the FY2025 Emergency Management Performance Grant Program for the period 10/1/2024 – 12/31/2026.

Funding Source: Ohio Emergency Management Agency

ION2026-67

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	6248	Great Day! Tours & Charter Bus Service	Providing transportation services to and from Camp Ho Mita Koda	\$3,150.00	Department of Public Safety and Justice Services	Effective upon signatures of all parties through 7/24/2026	Health and Human Services Levy Fund	(Executive) 6/2/2026 (Law) 6/3/2026

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
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R2025-0335, which amended Resolution No. R2024-0187 dated 6/4/2024 Original LPA Agreement ION2026-08 2/9/2026	Amendment #1- Reconstruction of Lee Road in the Cities of Cleveland and Shaker Heights in connection with the 2024-2027 Transportation Improvement Program; to change the funding terms. - Council District 9	\$21,040,359.00	\$27,540,000.00	45% Federal (4TA7 funds) (\$12,419,486.00) 18% Ohio Public Works Commission (\$4,882,253.00) 16% Shaker Heights (\$4,440,797.00) 7% Federal (4TB7 funds) (\$1,998,560.00) 7% Federal (4HJ7 funds) (\$1,800,000.00) 4% County Road and Bridge Funds (\$1,148,904.00) 3% Federal (4TC7 funds) (\$850,000.00)	(Executive) 6/2/2026
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VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, June 1, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Katherine A. Gallagher, Chief of Operations & Community Innovation County Executive Administration
(Alternate for Chris Ronayne, County Executive)
Michael Chambers, Fiscal Officer, serving as Chairman
Mellany Seay, Finance and Operations Administrator, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Laura Black, County Council (Alternate for Councilmember Meredith Turner)
Cynthia Mason, County Council (Alternate for Councilmember Michael Houser until he entered the room
at 11:09)
Councilmember Robert Schleper

II. – REVIEW MINUTES – 05/26/2026

Michael Chambers motioned to approve the minutes from the May 26, 2026, meeting; Mellany Seay seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-269

Department of Public Works, submitting an amendment to Contract No. 4136 (fka Contract No. 3686) with RGT Services LLC dba The Fowler Company for lighting of Veterans Memorial Bridge No. 84 for the period 10/18/2023 – 12/31/2026 to extend the time period to 12/31/2028, to expand the scope of services, and for additional funds in the amount not-to-exceed \$400,000.00, effective upon contract signature of all parties.

Funding Source: Road and Bridge Fund

Thomas Pavich, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-269 was approved by unanimous vote.

BC2026-270

Department of Public Works, submitting an amendment to Contract No. 6167 (fka Contract No. 3584) with Crawford, Murphy & Tilly, Inc. for general engineering services for roadway and bridge projects for the period 8/10/2023 - 8/9/2026 to extend the time period to 7/1/2029 and for additional funds in the amount not-to-exceed \$175,000.00, effective upon signatures of all parties.

Funding Source: Road and Bridge Fund

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-270 was approved by unanimous vote.

BC2026-271

Department of Development,

- a) Submitting an RFP exemption, which will result in a Grant Agreement with Greater Cleveland Sports Commission in the amount not-to-exceed \$198,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.
- b) Recommending an award and enter into a Grant Agreement (via Contract No. 6255) with Greater Cleveland Sports Commission in the amount not-to-exceed \$198,000.00 for general operating support for a period of 1 year, effective upon signatures of all parties.

Funding Source: General Fund

Bryan Edwards, Department of Development, presented. Rachael Stentz-Baugher, Senior Vice President of Organizational Development at Greater Cleveland Sports Commission was available to answer questions. There were no questions. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-271 was approved by unanimous vote.

BC2026-272

Department of Housing and Community Development, submitting an amendment to Contract No. 5818 (fka Contract No. 3953) with Court Community Service for litter control services and oversight in selected urban communities for the period 1/1/2024 – 12/31/2025 to extend the time period to 4/30/2028, and for additional funds in the amount not-to-exceed \$121,086.00, effective upon signatures of all parties.

Funding Source: Community Development Block Grant

Anthony Scott, Housing & Community Development, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-272 was approved by unanimous vote.

BC2026-273

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 5355 (fka Contract No. 5124) with Alcohol, Drug Addiction, and Mental Health Services Board of Cuyahoga County for Piloting a Mental Health Docket Incorporating a Drug Court Model to Improve Outcomes for Adults with Co-Occurring Disorders for the period 7/1/2024 – 12/31/2025 to extend the time period to 9/30/2027, to change the terms, and for additional funds in the amount not-to-exceed \$104,650.00 effective 1/1/2026.

Funding Source: Ohio Department of Rehabilitation and Correction (ODRC)

Meghan Patton, Court of Common Pleas/Corrections Planning Board, presented. Cynthia Mason commented that it looks like a pilot program and asked what the total amount allocated to the pilot program is. Michael Chambers motioned to approve the item; Cynthia Mason seconded. Item BC2026-273 was approved by unanimous vote.

BC2026-274

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award and enter into Contract No. 6249 with Playhouse Square Hotel, LLC dba Crowne Plaza Cleveland at Playhouse Square (160/3) in the amount not-to-exceed \$20,193.28 for room rental, catering and audio/visual services in connection with the Annual Fatherhood Conference to be held on 6/12/2026, effective upon signatures of all parties through 6/14/2026.

Funding Source: 55.4% Health and Human Services Levy Funds and 44.6% Grant funds/Donation \$6,000.00 Dollar Bank; \$500.00 Care Alliance; \$2,000.00 CareSource; \$500.00 Meijer Corp.

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Mellany Seay seconded. Item BC2026-274 was approved by unanimous vote.

BC2026-275

Department of Health and Human Services/Division of Senior and Adult Services, recommending an award and enter into Contract No. 6202 with Cuyahoga Community College District (36-6) in the amount not-to-exceed \$21,177.00 for rental of space, equipment, catering and related services for the 2026 Aging and Disability Summit to be held at the Corporate College Conference Center, located at 4400 Richmond Road, Warrensville Heights, OH 44128 on 9/18/2026, effective upon signatures of all parties through 10/31/2026.

Funding Source: Health and Human Services Levy

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-275 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-276; Mellany Seay seconded. The Consent Agenda Items were approved by unanimous vote.

BC2026-276

Department of Purchasing, presenting proposed purchases for the week of 6/1/2026:

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
26002001	(1) Commercial Steam Washing Machine	Sheriff’s Department	Belenky, Inc.	\$55,199.00	General Fund
26001861	(8) SCBA CBRN Masks with radio communications capabilities and various accessories for the Westshore Hazmat Team	Department of Public Safety and Justice Services	Atlantic Emergency Solutions	\$14,950.22	FY23 Urban Area Security Initiative (UASI) Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26001934	Out-of-home care placement services for the period 4/1/2026-4/30/2026 *	Division of Children and Family Services	Excel Beyond Limits	\$15,000.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-62

Sheriff’s Department, submitting a subgrant award agreement from Ohio Department of Public Safety, Office of Criminal Justice Services in the amount not-to-exceed \$178,189.92 for personnel costs associated with a Cuyahoga County Sheriff’s Department (CCSD) Deputy assigned to the Ohio Organized Crime Investigations Commission (OOCIC) Task Force in connection with Recovery Ohio Major Drug Interdiction 2026 Grant Program for the period 1/1/2026 – 12/31/2026.

Funding Source: Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS)

ION2026-63

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	4661	City of Cleveland Heights	For repair of conditions in childcare facilities that place young children at risk for lead poisoning in connection with the Lead Safe Ohio Grant Program; to amend various project completion terms, to add Section 1.8 “Final Invoices” and to extend the project completion date to 3/31/2026, effective upon signatures of all parties.	\$0.00	Department of Housing and Community Development	03/1/2024 – 12/31/2025; to extend the time period to 05/31/2026	(Original) Lead Safe Ohio Program Fund	(Executive) 5/22/2026 (Law) 5/21/2026
NA	5441 (fka 4616)	Mt. Sinai Health Foundation and Enterprise Community Partners, Inc.	To provide on behalf of the Lead Safe Cleveland Coalition the repair of conditions in owner occupied and renter occupied residential units and child facilities to reduce and ultimately prevent childhood lead poisoning; to amend various project completion terms, to	\$0.00	Department of Housing and Community Development	03/1/2024 – 12/31/2025; to extend the time period to 05/31/2026	(Original) Lead Safe Ohio Program Fund	(Executive) 5/22/2026 (Law) 5/21/2026

			add Section 1.8 “Final Invoices” and to extend the project completion date to 3/31/2026, effective upon signatures of all parties.					
NA	6245	Birthing Beautiful Communities	Support community outreach efforts to help inform residents about the upcoming freestanding Birth Center Headquarters and its planned activities	\$10,000.00	Fiscal Office on behalf of the County Executive’s Office	Effective upon signatures of all parties for a period of 1 year	General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/ Provision of Government Services	(Executive) 5/27/2026 (Law) 5/27/2026
NA	6232	Downtown Cleveland, Inc. dba Downtown Cleveland Alliance	For outdoor space rental for Family Fun Day held in Downtown Cleveland’s Public Square on 8/11/2026	\$5,123.73	Division of Children and Family Services	8/11/2026	Health and Human Services Levy Fund	(Executive) 5/22/2026 (Law) 5/26/2026

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Paul Porter seconded. The motion to adjourn was unanimously approved at 11:11 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-277

Title	Public Works; Approval of Agreement; RFQ 16330; DLZ Ohio, Inc.; 2026 Construction Management/Support Services, at \$500,000
Department or Agency Name	The Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input checked="" 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 6077	DLZ Ohio, Inc.	Effective date – 3 years from effective	\$500,000	pending	pending

<p>Service/Item Description (include quantity if applicable).</p> <p>Public Works is requesting approval of the contract agreement resulting from RFQ 16330 – 2026 Construction Management / Support Services.</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 N/A Age of items being replaced: How will replaced items be disposed of?</p> <p>Project Goals, Outcomes or Purpose (list 3):</p> <p>The purpose of the construction management/support services contract is to provide flexibility to the Cuyahoga County Department of Public Works to be more aggressive and efficient in addressing the enormous quantity of infrastructure needs, this office has implemented several operational changes to optimize all available funding sources and to optimize the use of staff to construct and implement projects. As a result of our effort to optimize our financial resources and in-house staffing resources, this office has restricted flexibility to address “peaks” in staffing needs due to emergency infrastructure needs, changes in project schedules and/or urgent ancillary projects design/implementation needs. To address these “peaks” in staffing needs, this office has instituted the use of consulting firms to provide general construction management/support services.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address: DLZ Ohio, Inc. 4208 Prospect Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Dan Uhlir, PE Project Manager
Vendor Council District: 8	Project Council District: Various
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# ___16330___ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input checked="" 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: \$500,000	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 108/5	<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 (%): (30%) DBE (17%) SBE (10%) MBE (3%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain: The RFQ was scored based on qualifications and the contract price was set in advance.	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? N/A - The RFQ was scored based on qualifications and the contract price was set in advance.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% Road & Bridge 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. (PW270205 73300)
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):						
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	CM4599 (Formerly 2640)	DLZ Ohio, Inc.	10/13/2022 – 10/12/2025	\$400,000	9/28/2022	R2022-0320
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BC2026-278

Title	CM#6257 Department of Development; AEROZONE ALLIANCE; Operating Support- Effective upon signatures of all parties for a period of 1 year.
Department or Agency Name	Department of Development
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6257	Aerozone Alliance	Effective upon signatures of all parties for a period of 1 year	\$112,500.00	Pending	Pending

<p>Service/Item Description Department of Development,</p> <p>a) Submitting an RFP exemption, which will result in a Grant Agreement with Aerozone Alliance in the amount not-to-exceed \$112,500.00 for general operating support, effective upon signatures of all parties for a period of 1 year.</p> <p>b) Recommending an award and enter into a Grant Agreement with Aerozone Alliance in the amount not-to-exceed \$112,500.00 for general operating support, effective upon signatures of all parties for a period of 1 year.</p> <p>The payment is for operating support; no services are provided directly to Cuyahoga County.</p>
<p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p>
<p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: How will replaced items be disposed of</p>
<p>Project Goals, Outcomes or Purpose (list 3): Advance the Aerozone Alliance's 1,000 Jobs in 24 Months strategy, a timebound, outcome driven effort to convert Northeast Ohio's unique aerospace, aviation, and manufacturing assets into measurable employment and wage growth.</p>

Drive talent pipeline development and job placement for local residents and students. Support business retention and expansion through coordinated employer engagement; attracting new aerospace and aviation employers to the region and building financial capacity to secure and deploy significant state and federal resources.

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

Vendor Name and address: Aerozone Alliance 2000 Aerospace Parkway Brook Park, OH 44142	Owner, executive director, other (specify): Hrishue Mahalaha, Executive Director
Vendor Council District: 2	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

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

	<input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval	Date:
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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.

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):

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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	5478	Aerozone Alliance	7/2/2025 – 7/1/2026	\$125,000	6/30/2025	BC2025-417

BC2026-279

Title	Sheriff; City of Fort Worth, Texas; Tactical Medical Vehicles
Department or Agency Name	Sheriff
Requested Action	<input type="checkbox"/> Contract <input checked="" 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	6256	City of Fort Worth, Texas	Upon signature-final invoice payment	\$10,200.00	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.

Sheriff's Department Submitting a Government Purchase, which will result in an award recommendation to the City of Fort Worth, Texas in the amount of \$10,200.00 for the purchase of Two Tactical Medical (Tac Med) trucks for Law Enforcement.

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

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

Project Goals, Outcomes or Purpose (list 3):

Sheriff's department is submitting request to purchase two Tactical Medical (Tac Med) trucks. These vehicles will be used to significantly enhance officer safety, survivability, and overall emergency response capabilities in high-risk and austere environments where conventional EMS will not respond until the scene is safe. These Tac Med trucks are specifically designed and equipped to function as rapid-response evacuation and treatment units. They will carry life-saving medical equipment and supplies, allowing trained personnel to initiate critical care immediately at the point of injury. In situations such as active threats, remote locations, or hazardous conditions, these vehicles will bridge the gap between injury and definitive care which is crucial for survival.

Beyond supporting individual incidents, these units will serve/support every unit within our agency and will be available to assist neighboring agencies throughout the county, hopefully in the future. This capability ensures a higher level of preparedness across jurisdictions and our department. Additionally, these vehicles will be utilized to provide aid to civilians when needed, further extending their life-saving impact within our community. This initiative represents a forward-thinking approach to public safety. Currently, this type of dedicated Tac Med capability has not been implemented within the state of Ohio. By investing in these resources, our department is taking proactive steps to address a known vulnerability in officer safety and emergency response—ultimately ensuring that our personnel and the public we serve have the best possible chance of survival in critical situations.

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):
Forth Worth Police Department 505 West Felix Street Fort Worth, Texas 76115	Lt. Richard Perez
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. The Sheriff's Department is purchasing the vehicles from Forth Worth Police Department, a government agency. *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.

General Fund

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
SH100115

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

BC2026-280

Title	OHS; Stella Maris; 2026 Contract Amendment 2 for Shelter and Recovery for Single Men with Substance Use Disorder
Department or Agency Name	The Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4600	Stella Maris	7/1/2024 – 6/30/2025	\$265,000.00	6/24/24	BC2024-483
A1	4600	Stella Maris	7/1/2025 – 6/30/2026	\$265,000.00	5/5/2025	BC2025-300
A2	4600	Stella Maris, Inc.	7/1/2026- 10/31/2026	\$88,333.00	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.

Stella Maris provides temporary shelter and recovery supports for homeless men with substance use disorder. While staying at Stella Maris, residents have access to Intensive Outpatient Treatment services funded through the AOD system. Case managers work with residents to develop plans for housing, sustainable income, and recovery supports on exit from Stella Maris. The provider will serve up to 20 men at a point in time with this funding.

This second contract amendment adds \$88,333.00 and extends the term of the contract for the time period of 7/1/26 – 10/31/26. No changes to scope or service. The amendment term is shortened to align with new contracts for these services that will be awarded through the OHS RFQ released in February 2026, with new contract terms beginning 11/1/26.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Provide basic, temporary shelter for homeless men at a point in time in accordance with OHS Advisory Board and CoC standards.
 Provide access to Intensive Outpatient Treatment.
 Link clients with permanent housing, sustainable income, and recovery supports in the community.

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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: Stella Maris 1320 Washington Avenue Cleveland, OH 44113	Owner, executive director, other (specify): Christine Robinson, Chief Executive Officer
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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) EXMT <input type="checkbox"/> Other Procurement Method, please describe:

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

List date of TAC approval

Date:

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

Check if item is ERP related? No Yes.

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

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

100% Health and Human Services Levy Fund

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

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

HS260350

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

Provide status of project.

Project is ongoing, this is an amendment and contract is still active.

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):	
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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) Current contract is active

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

HISTORY (see instructions): see chart above

BC2026-281

Title	Joseph's Home CM4687; 2026 Amendment 2 for Temporary Housing for Medically Fragile Homeless Men
Department or Agency Name	Office of Homeless Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	4687	Joseph's Home dba Joseph and Mary's Home	7/1/24 – 6/30/25	\$267,547.00	09/23/2024	BC2024-675
A-1	4687	Joseph's Home dba Joseph and Mary's Home	7/1/25 – 6/30/26	\$267,547.00	06/16/2025	BC2025-393
A-2	4687	Joseph's Home dba Joseph and Mary's Home	7/1/26- 10/31/26	\$89,182.00	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.

Joseph's Home plays a critical role in the Homeless Continuum of Care by serving men experiencing homelessness with acute medical issues. The shelter is an eleven-bed facility with private rooms, ongoing medical supervision, medication management, nutritious home-cooked meals, and coordination with local healthcare providers. Residents also receive intensive case management that includes the development of permanent housing plans, benefits review, transportation to and from any needed medical or housing appointments, and supportive programming that identifies community resources and supports. The organization follows a housing first philosophy with few barriers to entry, voluntary services and a focus on exiting residents to housing as efficiently as possible. Services continue post-discharge in the community using a Critical Time Intervention approach.

This is a second amendment for extending time from 7/1/26 - 10/31/26 and additional funding of \$89,182.00 with no scope changes. The amendment term is shortened to align with new contracts for these services that will be awarded through the OHS RFQ released in February 2026 with new contract terms beginning 11/1/26.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Provide Basic, temporary housing and safety net services for medically fragile homeless men, in accordance with all continuum of care emergency shelter standards.
 Provide intensive case management to address barriers to housing stability
 Link shelter guests with permanent housing upon charge.

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: Joseph's Home DBA Joseph and Mary's Home 2412 Community College Avenue Cleveland, OH 44115	Owner, executive director, other (specify): Anna Stormer, Executive Director
Vendor Council District: 7	Project Council District: County-Wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *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.	<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 checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% Health and Human Services Levy

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 HS260350/UCH09999/55130

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

Provide status of project. Existing contract under performance

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):	
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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) Current existing contract	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions): see chart above

BC2026-282

Title	Health and Human Services; Contract Exemption; MedWish Medworks for Access Plan for time period 7/1/2026 – 6/30/2028	
Department or Agency Name	Department of Health and Human Services – Health Policy	
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 6236	MedWish Medworks	7/1/2026-6/30/2028	\$90,648.00	Pending	Pending

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

Health and Human Services Director’s Office - Health Policy Initiative is requesting approval of a contract exemption with MedWish Medworks, in the amount of \$90,648.00 to provide administrative oversight for the Cuyahoga Health Access Partnership (CHAP) program – Access Plan at provider locations, for the time period of 7/01/2026 – 6/30/2028.

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

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

Project Goals, Outcomes or Purpose (list 3):

Provide administrative oversight for the Access Plan at provider locations to enroll uninsured patients who do not qualify for Medicaid or assistance through the Health Insurance Marketplace or other insurance programs.

Educate and enroll qualifying adults in Medicaid or other safety net programs serving Cuyahoga County including the Cuyahoga County Justice Center and Jail population.

Through community partnerships, address the social determinants of health that impact the uninsured adult and newly insured population and connect those individuals to consumer 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):
MedWish Medworks 1625 E. 31st Street. Cleveland, OH 44114	Britta Latz, Chief Executive Officer
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. A contract exemption is being issued due to the unique nature of the services provided by the Access Plan through Medwish Medworks. *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.
100% Health and Human Services Levy 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.
Accounting Unit: HS260100; Account Number: 55130; Activity Code: UCH09999; Account Category: 55130

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

Provide status of project.

Recurring service or purchase.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM4309	MobileMed 1, Inc. dba MedWorks	7/1/2024-6/30/2026	\$90,648.00	8/12/2024	BC2024-592

C.- Exemptions

BC2026-283

TITLE	FY2025 DNA BACKLOG GRANT ALTERNATIVE PROCUREMENT
DEPARTMENT OR AGENCY NAME	Medical Examiner’s Office

REQUESTED ACTION	<input checked="" type="checkbox"/> Alternative Procurement <input type="checkbox"/> Amendment to Alternative Procurement
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LIST MOST RECENT/PRIOR ALTERNATIVE PROCUREMENT APPROVALS FOR THIS REQUEST; INCLUDING AMENDMENTS, AS APPLICABLE	DATE BOC APPROVED/COUNCIL’S JOURNAL DATE	APPROVAL NO.
	3/16/2026 Amendment to BC2025-411	BC2026-123
	6/23/2025 FY2024 DNA Grant Alternative Procurement	BC2025-411

DESCRIPTION/EXPLANATION OF REQUEST:	<p>Medical Examiner’s Office requesting approval of Alternative Procurement process to purchase genetic testing kits and other consumable supplies from approved vendors Promega Corporation and Life Technologies in the total amount not to exceed of \$249,611.00 for Grant budget period which began 10/1/2025 and goes thru 09/30/2027. The Funding Source is the FY 2025 DNA Capacity Enhancement for Backlog Reduction (CEBR) Program (Formula) AKA FY2025 DNA Backlog Grant, from the U.S. Department of Justice.</p> <p>See Grant detail below. <u>FY25 DNA Backlog (Formula)</u> Performance Period: 10/1/2025-9/30/2027 Budget Request: \$360,920.00</p>
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Budget Category	Current Budget
Personnel	\$68,479.00
Fringe	\$32,954.00
Travel	\$5,901.00
Supplies	\$249,611.00
Other	\$3,975.00

A competitive process is not utilized because the Cuyahoga County, Ohio Regional Forensic Science Laboratory (CCRFSL) receives federal funding for genetic test kits and consumable supplies.

The selected vendors, Promega Corp. and Life Technologies, are chosen due to instrument compatibility. Several DNA extraction, analyzer and liquid handler instruments were procured with grant funding from Promega Corp and Life Technologies. These supplies can only be sourced by the selected vendors due to instrument compatibility.

This alternative procurement allows the labs to quickly procure in the kits supplies on an as-needed basis. Many of the supplies have a short shelf-life and can only be ordered in small quantities. Tracking by excel spreadsheet will be used for each purchase for compliance with the not to exceed amount.

FUNDING SOURCE:	Is funding for this included in the approved budget?
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "no" please explain):
	This is a grant fund. Application and Awards are approved by Law Dept. and Board of Control.
	Please provide the complete, proper name of the funding source (no acronyms). Include percentages of funding if using more than one source.
	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in connection with the FY2025 Formula DNA Capacity Enhancement for Backlog Reduction Grant Program.

D. - Consent Agenda

BC2026-284

(See related items for proposed travel/memberships for the week of 6/8/2026 in Section D above).

BC2026-285

(See related items for proposed purchases for the week of 6/8/2026 in Section D above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-64

TITLE	America250-Ohio Commission Grant Award for the 2026 Rediscover Veterans Memorial Bridge tour.
DEPARTMENT OR AGENCY NAME	Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients).</p> <p>➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input checked="" type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	America250-Ohio Commission	5/22/2026-11/30/2026	\$9,800.00	Pending	Pending
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		America 250 grant in the amount of \$9,800 to program musicians on the Veterans Memorial Bridge during the tour on June 27 th .			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):					

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Does this require a Cash Match by the County? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If yes, how much is required for the Cash Match by the County? Also, please provide the complete, proper name of the County funding source (no acronyms) that will be used for the Cash Match. Include percentages of funding if using more than one County funding source for the Cash Match.

ION2026-65

TITLE	2026-VC-VCR-57496 CCSD Violent Crime Reduction Initiative
DEPARTMENT OR AGENCY NAME	Sheriff’s Department

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments
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	<input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	2026 Violent Crime Reduction Program	1/1/2026 – 12/31/2026	\$89,997.97	pending	
AMENDMENT (A-1)					
Historical	2022 Violent Crime Reduction Program	1/1/2022-12/31/2022	\$163,000.00	6/21/2022	CON2022-48
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>Sheriff's Department submitting a grant award from the State of Ohio, Office of Criminal Justice Services in the amount of Eighty-nine Thousand Nine Hundred Ninety-nine Dollars and Ninety-seven Cents (\$89,999.97) for personnel overtime costs and training of dedicated CCSD Deputies assigned to the CCSD Violent Crime Reduction (VCR) initiative for the period 1/1/2026 through 12/31/2026 (2026-VC- VCR-57496).</p> <p>State of Ohio Violent Crime Reduction Grant Program is for the prevention and reduction of violent crime as defined by the National Incident-Based Reporting System including Murder (nonnegligent), Rape - including sodomy and sexual assault with an object, Aggravated Assault, and Robbery.</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>Unite numerous law enforcement agencies of Cuyahoga County in the transition from reactive policing to proactive, intelligence led, and data driven policing to increase efficiency, transparency, public trust, and public safety.</p> <p>Expand the collection and mapping of violent data to indicate the high-risk areas and priority places that can be used in a strategic decision-making model to prioritize potential violent crime reduction and prevention responses from multiple law enforcement agencies across the county.</p> <p>Advance relationships and the incorporation of forensic data (NIBIN/NESS) to further develop a more function forensic intelligence model in the county.</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:	N/A
LIST THE (OWNERS, EXECUTIVE DIRECTOR, OTHER(specify) FOR THE CONTRACTOR/VENDOR	N/A
SUBRECIPIENT'S COUNCIL DISTRICT:	N/A
DOLLAR AMOUNT ALLOCATED:	N/A

PROJECT COUNCIL DISTRICT:	all
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All cities, villages, and townships of Cuyahoga County can potentially be impacted by this grant funded project. Targeted law enforcement services will be available to all Cuyahoga County communities experiencing serious and violent crime with an emphasis on the County's inner-ring suburbs.

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
	Ohio Department of Public Safety/Office of Criminal Justice Services in connection with the FY2026 Violent Crime Reduction Initiative Grant
	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.
	N/A

ION2026-66

TITLE	FY2025 Emergency Management Performance Grant (EMPG)
DEPARTMENT OR AGENCY NAME	Public Safety & Justice Services

REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE *PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.	<input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients). <input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	FY25 Emergency Management	10/1/2024-12/31/2026	\$204,353.00	03/03/25	CON2025-15

	Performance Grant (EMPG)				
AMENDMENT (A-1)					
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		Public Safety & Justice Services requests authority to accept the FY2025 Emergency Management Performance Grant (EMPG). This is a pass-through grant from FEMA, with Ohio Emergency Management Agency (OEMA) acting as the State Administrative Agent (SAA). The grant is awarded annually based on federal appropriation. The purpose of the Emergency Management Performance Grant (EMPG) Program is to provide federal funds to states to assist local, territorial, and tribal governments in preparing for all hazards. Title VI of the Stafford Act authorizes DHS/FEMA to make grants for the purpose of providing a system of emergency preparedness for the protection of life and property in the United States from hazards and to vest responsibility for emergency preparedness jointly in the Federal Government, states, and their political subdivisions.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		The primary goals of the FY25 EMPG grant award are to assist the Office of Emergency Management with preparing, mitigating and responding to disasters.			

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

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

FUNDING SOURCE:	Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.
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	Federal Emergency Management Agency - FY25 Emergency Management Performance Grant
	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.
	The EMPG grant provides reimbursement of 50% of personnel costs (to a maximum expense of \$408,706) incurred in the Office of Emergency Management special revenue fund.

ION2026-67

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 6/8/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT