



**Cuyahoga County Board of Control Agenda
Monday, June 15, 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 – 6/8/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-286

Department of Public Works, submitting a Preliminary Engineering Agreement with Norfolk Southern Railway Company (via Contract No. 6260) for rehabilitation of McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights in the estimated amount of \$26,038.00.

Funding Source: Road and Bridge Fund

BC2026-287

Department of Information Technology, recommending an award on Purchase Order No. 26002099 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$21,636.00 for a joint cooperative purchase of (1) each Cisco Catalyst 8300 Router and 9300L ethernet network switch, and related accessories, 1 year of support services, and Network Architecture Advantage licenses for a period of 3 years for CECOMS' relocation.

Funding Source: Wireless 9-1-1 Government Assistance Fund

BC2026-288

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 \$29,950.00 for the purchase of Microsoft Suite Product Training Courses

(50 for Microsoft Teams and 50 for Excel) under the Ohio TechCred Grant Round 33 to be used between 6/15/2026 - 9/30/2026.

- b) Recommending an award on Purchase Order No. 26001899 to ERC Services, Inc. in the amount not-to-exceed \$29,950.00 for the purchase of Microsoft Suite Product Training Courses (50 for Microsoft Teams and 50 for Excel) under the Ohio TechCred Grant Round 33 to be used between 6/15/2026 - 9/30/2026.

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

BC2026-289

Department of Human Resources, recommending an award on RQ16007 and enter into Contract No. 6258 with UPMC Benefit Management Services, Inc. dba Workpartners (22-5) in the amount not-to-exceed \$645,000.00 for Family Medical Leave Act (FMLA) administration and consulting services, for a period of 3 years, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-290

Court of Common Pleas/Corrections Planning Board, submitting an amendment to Contract No. 5789 (fka Contract No. 2520) with Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County for sober housing services for the Sober/Recovery Housing Program for the period 7/1/2022 – 6/30/2026 to extend the time period to 6/30/2027, to change the terms for submission of monthly invoicing, and for additional funds in the amount not-to-exceed \$100,000.00, effective 7/1/2026.

Funding Source: Ohio Department of Rehabilitation and Correction

BC2026-291

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 3936 with The Musketeer Association for positive youth development services for Court referred youths ages 12 to 20 with high risk for recidivism for the period 7/1/2023 – 6/30/2026 to extend the time period to 6/30/2027, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$20,000.04, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-292

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 4307 (fka Contract No. 4118) with Esperanza, Incorporated for mentoring and positive youth development services for court referred youth ages 14 to 17 with high risk for recidivism for the period 7/1/2023 – 6/30/2026 to extend the time period to 6/30/2027, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$20,000.00, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-293

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 5217 (fka Contract No. 3933) with R.O.S.E.S. Mentoring for community based and social based mentoring services for court referred females ages 12 to 17 for the period 7/1/2023 – 6/30/2026, to extend the time period to 6/30/2027, to replace the insurance requirements, and for additional funds in the amount not-to-exceed \$25,714.05, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-294

Sheriff's Department, submitting an amendment to Contract No. 3611 (fka Contract Nos. 2413 and 2102) with Vance Outdoors, Inc. for the purchase of replacement ballistic vests, SWAT vests/plate carrier and helmets for Law Enforcement and Protective Services Divisions for the period 4/1/2022 - 12/31/2026, to update the equipment list, revise pricing sheets, replace the insurance requirements, and for additional funds in the amount not-to-exceed \$74,538.26, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-295

Department of Public Safety and Justice Services,

- a) Submitting an RFP exemption, which will result in an award recommendation to Motorola Solutions, Inc. in the amount not-to-exceed \$126,142.00 for radio tower antenna relocation/installation and infrastructure services for CECOMS effective upon signature of all parties through project completion.
- b) Recommending an award and enter into Contract No. 6165 with Motorola Solutions, Inc. in the amount not-to-exceed \$126,142.00 for radio tower antenna relocation/installation and infrastructure services for CECOMS effective upon signature of all parties through project completion.

Funding Source: General Fund

BC2026-296

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on Purchase Order No. 26002129 to Carahsoft Technology Corporation in the amount not-to-exceed \$74,639.60 for a state contract purchase of DocuSign Enterprise Pro for Government, (14,000) envelopes for eSignature Enterprise Pro for State and Local Government, licensing and support for the period 7/8/2026 - 7/7/2027.

Funding Source: 50% Health and Human Services Levy and 50% Federal and State Reimbursement

BC2026-297

Department of Health and Human Services/Cuyahoga Job and Family Services, recommending an award on Purchase Order No. 26002004 with Carahsoft Technology Corporation in the amount not-to-exceed \$25,709.30 for a state contract purchase of (6,000) envelopes for DocuSign Enterprise Pro for Government, licensing, support and Authentication – SMS subscription services for the period 7/8/2026 – 7/7/2027.

Funding Source: 66% Title IV-D Reimbursement and 34% Health and Human Services Levy

BC2026-298

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

- a) A Revenue Generating Agreement (via Contract No. 6264) with Health Care Facility Management, LLC dba CommuniCare Family of Companies in the amount not-to-exceed \$43,382.48 to provide financial assistance for staffing services for determining income eligibility and processing of Medicaid applications for residents enrolled or seeking enrollment at various locations for the period 6/1/2026 – 5/31/2027.

- b) A Business Associate Agreement with CommuniCare Affiliated Covered Entity to define the terms, roles and responsibilities to comply with the Health Insurance Portability and Accountability Act, effective upon signature of all parties through termination of the Services Agreement (Revenue Generating Agreement).

Funding Source: Revenue Generating

BC2026-299

Department of Health and Human Services/Division of Children and Family Services, submitting an amendment to Contract No. 5247 with The Centers for Families and Children to support the salary of the Cleveland Christian Home’s Executive Director in connection with the operation of the Cuyahoga County Child Wellness Campus also known as H.O.P.E. Campus for the period 1/1/2025 – 12/31/2025 to extend the time period to 12/31/2026 and for additional funds in the amount not-to-exceed \$200,000.00, effective upon signatures of all parties.

Funding Source: Mt. Sinai Health Foundation

C. – Consent Agenda

BC2026-300

Department of Public Works, recommending to declare (5) locker units that have no value as surplus County-owned property no longer needed for public use; recommending to discard the surplus property in accordance with EO2012-0001.

Funding Source: N/A

BC2026-301

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the total amount not-to-exceed \$1.00 for the month of May 2026 in accordance with EO2012-0001.

Funding Source: Revenue Generating

BC2026-302

Fiscal Department, presenting proposed travel/membership requests for the week of 6/15/2026:

Department of Public Works, recommending to Amend Board Approval No. BC2026-267 dated 5/26/2026, which authorized (1) staff to attend the 2026 Public Works Expo Conference held in Houston, TX on 8/29/2026-9/02/2026 to change the total amount of the travel request from \$2,898.96 to \$3,039.36 as detailed below:

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 \$1,312.36	\$140.00	\$400.00	\$2,898.96 \$3,039.36	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 support.

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-68

Department of Development, submitting a Data Sharing and Confidentiality Agreement with Ohio Department of Job and Family Services and Local Workforce Area 3 to assess participants served

through the local area Workforce Development system to provide wage record information and Unemployment Insurance (UI) Claimant data for the period 10/1/2026 - 9/30/2028.

Funding Source: Not applicable

ION2026-69

Court of Common Pleas/Corrections Planning Board, submitting an amendment to a grant agreement with Ohio Department of Behavioral Health (fka Ohio Department of Mental Health and Addiction Services) for salaries, related payroll expenses for Supervisors or Assessment Specialists assigned to Veterans Treatment Court Docket and client sober support in connection with the Specialized Docket Support – Payroll Subsidy Grant Program for the period 7/1/2025 – 6/30/2026, and for additional funds in the amount not-to-exceed \$15,000.00, allocated as follows:

a) Additional Funds:

- 1) Veterans Treatment Court Docket – \$15,000.00

b) No Additional Funds:

- 1) Adult Drug Court Docket
- 2) MAT Docket
- 3) Human Trafficking
- 4) HOPE Court

Funding Source: Ohio Department of Behavioral Health

ION2026-70

Department of Public Safety and Justice Services, on behalf of the Medical Examiner’s Office, submitting an amendment to a grant agreement with City of Cleveland for reimbursement of eligible expenses related to laboratory testing services conducted by the Medical Examiner’s Office in connection with the FY2021 Sexual Assault Kit Initiative Grant for the period 10/1/2023 – 9/30/2025 to extend the time period to 9/30/2026; no additional funds required.

Funding Source: Revenue Generating

ION2026-71

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
16122	6206 (fka 5753)	APG Office Furnishings, Inc. for the assignment and assumption of the contract to American	For comprehensive furniture design, specification, procurement and installation services for the 1801	\$0.00	Department of Public Works	1/30/2026-project completion	(Original) General Fund-Capital Projects	(Executive) 6/8/2026

		Interiors, Inc., effective upon signatures of all parties.	Superior Avenue Project.					
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ION2026-72

Purchases Processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 5/1/2026 – 5/31/2026 (No Vote Required) will be available at the following link at time of posting the Final Agenda. To view the report, click on the Title “06/15/2026 – Board of Control Meeting”.

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

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, June 8 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Michael Chambers, Fiscal Officer, serving as Chairman
Michael Dever, Director Department of Public Works
Paul Porter, Director, Department of Purchasing
Councilmember Robert Schleper

II. – REVIEW MINUTES – 6/1/2026

Michael Chambers motioned to approve the minutes from the June 1, 2026, meeting; Michael Dever 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

BC2026-277

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

Eric Mack, Department of Public Works, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-277 was approved by unanimous vote.

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

Bryan Edwards, Department of Development, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2026-278 was approved by unanimous vote.

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

Chris Costin, Sheriff's Department, presented and Matthew Sikula supplemented. Michael Dever asked is that the correct price or is it \$102,000.00. Michael Chambers responded it seems pretty cheap. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-279 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2026-280 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Robert Schleper asked can you give some examples of what qualifies someone as medically fragile. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-281 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Michael Dever seconded. Item BC2026-282 was approved by unanimous vote.

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

Hugh Shannon, Medical Examiner’s Office, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-283 was approved by unanimous vote.

D. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-284 through BC2026-285; Paul Porter seconded. The Consent Agenda Items were approved by unanimous vote.

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
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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
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

VI – PUBLIC COMMENT

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Michael Dever seconded. The motion to adjourn was unanimously approved at 11:12 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-286

TITLE	Norfolk Southern Railway Company, Preliminary Engineering Agreement for the Rehabilitation of McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights
DEPARTMENT OR AGENCY NAME	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Public Convenience and Welfare <input checked="" type="checkbox"/> Agreements related to Public Convenience and Welfare <input type="checkbox"/> Amendments to Agreements related to Public Convenience and Welfare
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PROJECT DESCRIPTION:	The primary goal is for the approval of the preliminary engineering agreement with NS, allowing Public Works to rehabilitate McCracken Road Bridge 01.36 over Mill Creek in the Cities of Garfield Heights and Maple Heights.
	Finding that special assessments will neither be levied nor collected to pay for any part of the County’s costs of said improvement.
	Requesting authority for the County Executive to enter into and execute the necessary agreement(s) of cooperation with: Norfolk Southern Railway Company
	Project part of NOACA TIP: N/A
ADDITIONAL INFORMATION (IF APPLICABLE)	
PROJECT COUNCIL DISTRICT(S):	Council District 8
PROJECT ANTICIPATED START/END DATES	Design is anticipated to start in the Spring of 2025 and to be completed in the Spring of 2028. Construction is anticipated to start in the Spring of 2028 and be completed in the Fall of 2028
TOTAL PROJECT COST:	\$26,038 (PE Agreement Cost)

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% County Road & Bridge

PROJECT'S CURRENT/HISTORICAL INFO	DATE BOC APPROVED/COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL PUBLIC CONVENIENCE AND WELFARE	10-14-2025	R2025-0267
AMENDMENT PUBLIC CONVENIENCE AND WELFARE		
AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		
AMENDED AGREEMENTS RELATED TO PUBLIC CONVENIENCE AND WELFARE		

BC2026-287

Title	One Router and One Network Switch for the CECOMS Relocation
Department or Agency Name	Department of Information Technology on behalf of Public Safety & Justice Services
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.
	26002099 JCOP	MNJ Technologies Direct, Inc.		\$21,636.00	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>The Department of Information Technology on behalf of Public Safety & Justice Services plans to contract with MNJ Technologies Direct, Inc., for One Router and One Network Switch for the CECOMS Relocation in the amount of \$21,636.00.</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>
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For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of _____
Project Goals, Outcomes or Purpose (list 3): This request is for one router and one network switch for the CECOMS relocation to the proposed site, the Bedford Heights Dispatch Center. The County's Wide Area Network (WAN) will be expanded to that site, and this equipment will be used for the County-owned devices (such as PC's, Phones, Printers, etc.) This equipment is not connected to the dispatcher stations used for dispatching operations. Cisco products are the current IT standard in use.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
MNJ Technologies Direct, Inc. 1025 Busch Parkway Buffalo Grove, Illinois 60089	
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. Cisco is the current product for routers and switches and is an approved Department of Information Technology standard, therefore other options were not evaluated. MNJ Technologies provided a quote using NCPA joint cooperative pricing in the amount of \$21,636.00. *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 Contract NCPA-01-148 expires November 30, 2026
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<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: 05/27/2026</td> </tr> </table>	List date of TAC approval	Date: 05/27/2026
List date of TAC approval	Date: 05/27/2026	
<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? <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% Wireless 9-1-1 Government Assistance 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 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):

BC2026-288

Title	Human Resources; 2026 Purchase Order with ERC Services, Inc. for Microsoft Office Suite product training under the Ohio TechCred Grant Round 33 in the amount of \$29,950.00.
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	26001899 EXMT	ERC Services, Inc.	Effective BOC approval – 9/30/2026	\$29,950.00		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>ERC Services will provide up to ten (10) classes of Microsoft Teams Training and ten (10) 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.</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): Improve employee skill sets, increase productivity, improve efficiency of staff.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
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 this year 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 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 (eligible for reimbursement by Ohio Department of Development under TechCred Grant Round 33)

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.

HR290200 (HR-26-OTC-R33)

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

Provide status of project.
The grant funding period expires in September 2026 and training must be completed before then.

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):

BC2026-289

Title	Human Resources; 2026; Contract resulting from RFP RQ16007 with UPMC Benefit Management Services, Inc. dba Workpartners for Family Medical Leave Act (FMLA) Administration and Consulting Services for the period of 3 years in the amount not-to-exceed \$645,000.00.
Department or Agency Name	Human Resources
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6258	UPMC Benefit Management Services, Inc. dba Workpartners	3-Years upon signature	\$645,000.00		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.

The Department of Human Resources conducted an RFP process to solicit vendors for the administration of the Family Medical Leave Act leave management process. This RFP was conducted in May 2025. After extensive evaluation, UPMC Benefit Management Services, Inc. dba Workpartners was the highest scoring vendor and recommended for award. Workpartners will implement an online and call-in service for employee FMLA leave administration, coordinate the interactive process, review requests, track leave eligibility and leave usage, and provide associated consulting services if applicable. This service is expected to save taxpayer funds by reducing staff-hours spent on leave requests and increasing efficiency of the process while remaining in compliance with relevant laws and policies. This is a service not previously utilized by the County and will result in a 3-year agreement upon approval.

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 goals of this service are to improve efficiency of the FMLA process for employees, reduce staff-hours spent on FMLA requests, and ensure compliance with relevant law and regulations.

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):
UPMC Benefit Management Services, Inc. dba Workpartners 600 Grant Street, 55 th Floor Pittsburgh, PA 15219	Andrew A. Yohe President
Vendor Council District:	Project Council District:
N/A	County-wide
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# 16007 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: June 9, 2025	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$645,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 22 / 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 (%): (0) DBE (0) SBE (0) MBE (0) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. N/A 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? Workpartners' proposed price per employee per month (PEPM) was approximately 30% lower than the next lowest responsive proposal.	<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: April 2, 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.
While the proposed platform cannot seamlessly integrate with the current ERP environment, the County will work with the vendor on the necessary file feeds to ensure continuity of information.

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

100% General Fund

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

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

HR100100

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

Provide status of project.

While the County has received and reviewed the file feed specifications, no work has been done prior to contract approval. Once approved, the County and vendor will meet for a kickoff and implementation planning. The vendor expects approximately 120 days for implementation.

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

Reason:

While not late, there were delays between the RFP and award recommendation due to extensive contract and insurance term negotiations. These centered around the security requirements to ensure County and employee information would be protected.

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):

BC2026-290

Title	ADAMHS Board – Second Amendment (Sober Recovery Housing)	
Department or Agency Name	Corrections Planning Board	
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.
Original	2520	ADAMHS Board	July 1, 2022 to June 30, 2024	\$100,000.00	Unknown	BC2022-15
A-1 First Amendment	2520	ADAMHS Board	July 1, 2024 to June 30, 2026	\$100,000.00	11/26/2024	BC2024-865
A-2 Second Amendment	5789 fka CM2520	ADAMHS Board	July 1, 2026 to June 30, 2027	\$100,000.00		

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.

Provide Sober Living options to probationers who have completed a residential substance treatment program and do not have a safe environment to return home to; (or) probationers who have completed an IOP substance treatment program and immediately relapsed in their home environment.

The ADAMHS Board, with the approval of the CPB, shall contract with a panel of Housing Service Providers (“Provider Panel”) to deliver sober housing services benefitting offenders receiving community supervision by the Cuyahoga County Common Pleas Court’s Adult Probation Department.

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):

It is anticipated that up to 300 discrete Court-involved individuals will be referred to and utilize Sober Living bed availability between July 1, 2026 and June 30, 2027.

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: Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County 2012 W. 25th St. Cleveland, OH 44113	Owner, executive director, other (specify): Jason Joyce, Chief Executive Officer
Vendor Council District: ALL	Project Council District: ALL
If applicable provide the full address or list the municipality(ies) impacted by the project.	ALL

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. None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County (govt agency).
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) None – this agreement involves a specific proposal design that requires the unique services from the ADAMHS Board of Cuyahoga County (govt agency). <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% of Ohio Department of Rehabilitation and Correction (ODRC) in connection with Targeted Community Alternatives to Prison (T-CAP) 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.

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

Provide status of project. Offenders are receiving ongoing services.

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

Reason: The submission was delayed due to processing timelines and final approval/signature requirements by the ADAMHS Board.

Timeline

Project/Procurement Start Date (date your team started working on this item):	April 1, 2026
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Date documents were requested from vendor:	April 30, 2026
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Date of insurance approval from risk manager:	Not applicable – this is a govt contract
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Date Department of Law approved Contract:	External board contract – 5.15.26
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Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A

If late, have services begun? No Yes (if yes, please explain) --N/A

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

HISTORY (see instructions): see chart above

BC2026-291

Title	SECOND AMENDMENT FOR POSITIVE YOUTH DEVELOPMENT SERVICES THE MUSKETEER ASSOCIATION, LLC.
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Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
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.
Original (O)	3936	The Musketeer Association, LLC.	7/01/2023-6/30/2024	\$45,000.00	BC2023-802	12/11/2023
(A-#1)	3936	The Musketeer Association, LLC.	7/1/2023-6/30/2026	\$40,000.00	BC2024-544	7/22/2024
(A-#2)	3936	The Musketeer Association, LLC.	7/1/2023-6/30/2027	\$20,000.04	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. This is an amendment for Positive Youth Development Services to extend the term of the contract through June 30, 2027, add funds in the amount of \$20,000.04, replace applicable language within the contract as set forth in Exhibit 1.

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): Community outreach, engage youth in empathy building skills activities, and participate in community gatherings and workshops.

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: The Musketeer Association, LLC 6421 Savannah Ave. Suite #3 Cincinnati, Ohio 45239	Owner, executive director, other (specify): Rukiye Z. Abdul-Mutakallim (CEO & Founder)

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

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: _____	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) / _____	<input 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)
	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	List date of TAC approval	Date:
List date of TAC approval	Date:	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.		

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% funded by the RECLAIM 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.
JC330100

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

BC2026-292

Title	THIRD CONTRACT AMENDMENT FOR MENTORING AND POSTIVE YOUTH DEVELOPMENT SERVICES ESPERANZA, INCORPORATED
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
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.
Original (O)	4118	ESPERANZA, INCORPORATED	7/1/2023- 6/30/2024	\$96,690.00	1/29/2024	BC2024-70
(A-1)	4307 (fka 4118)	ESPERANZA, INCORPORATED	7/1/2024- 6/30/2026	\$128,920.00	7/15/2024	BC2024-533
(A-2)	4307 (fka 4118)	ESPERANZA, INCORPORATED	7/1/2024- 6/30/2026	(\$44,460.00)	7/21/2025	BC2025-475
(A-3)	4307 (fka 4118)	ESPERANZA, INCORPORATED	7/1/2024- 6/30/2027	\$20,000.00	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.
This amendment is for Mentoring and Positive Youth Development Services. To extend the term of the contract through June 30, 2027, add funds in the amount of \$20,000., and replace applicable language as set forth County Insurance requirements with the updated County Insurance Requirements as set forth in Exhibit-1.

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 vendor will provide youth with specific, evidence based “one circle” models for support to address gun violence, conflict resolution, trauma, and anger.

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: Esperanza, Inc. 3104 West 25 th St., Floor 4 Cleveland, Ohio 44109	Owner, executive director, other (specify): Pamela Hobe (Chair, Board of Directors)
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	Provide a short summary for not using competitive bid process.

<input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	*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)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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

JC330100
Payment Schedule: <input type="checkbox"/> Invoiced <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions): see chart above

BC2026-293

Title	SECOND AMENDMENT FOR MENTORING SERVICES RISING.OVER.SITUATIONS.EVALUATING.SELF. (R.O.S.E.S) MENTORING
Department or Agency Name	CUYAHOGA COUNTY COURT OF COMMON PLEAS, JUVENILE COURT DIVISION
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)	3933	R.O.S.E.S. Mentoring	7/1/2023-6/30/2024	\$30,714.00	12/18/2023	BC2023-839
(A-1)	3933	R.O.S.E.S. Mentoring	6/30/2026	\$51,428.00	11/25/2024	BC2024-867
(A-2)	5217 (fka 3933)	R.O.S.E.S. Mentoring	6/30/2027	\$25,714.05	Pending	Pending

Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any. This amendment is to extend the term of the contract through June 30, 2027, add funds in the amount of \$25,714.05, and replace applicable language within the Contract setting forth in Exhibit 1 for Mentoring Services for Court referred youth.
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): Mentoring services to support youth with pro-social activities and decision-making skills.

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: R.O.S.E.S Mentoring 36213 Meadowdale Dr. Solon Ohio 44139	Owner, executive director, other (specify): Tamiela, Barlow (Head Mentor, Founder)
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input 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)
	<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% Funded by the RECLAIM 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.
 JC330100

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

Provide status of project.

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

Reason:

Timeline

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

HISTORY (see instructions): see chart above

BC2026-294

Title	CCSD; Vance Outdoors, Inc.; Contract Amendment; Add equipment and additional funding
Department or Agency Name	Sheriff
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	2102	Vance Outdoors, Inc	4/1/2022-12/31/2026	\$611,484.50	3/22/2022	R2022-0034
A1	3611, fka 2413, 2102	Vance Outdoors, Inc	4/1/2022-12/31/2026	\$74,538.26	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 an amendment to Contract No. 3611 with Vance Outdoors for Ballistic Vests, SWAT Vests/Plate Carriers and SWAT Helmets for the period 4/1/2022 -12/31/2026, to add additional carrier options, Correction Officers vests and carrier; update listed contract items to 2026 pricing; and for additional funds in the not-to-exceed amount of \$74,538.26.

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: _____ How will replaced items be disposed of _____

Project Goals, Outcomes or Purpose (list 3):
 Provide Sheriff's Department with Ballistic Vests and carriers for personnel.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify). If there are multiple vendors copy this table and complete for each vendor.	
Vendor Name and address:	Owner, executive director, other (specify):
Vance Outdoors, Inc. 3723 Cleveland Ave. Columbus, Ohio 43224	Doug Vance, President
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input checked="" type="checkbox"/> Contract Amendment - (list original procurement) RFP
	<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 - \$43,491.49
 SH745100 - \$33.57
 SH100140 - \$31,013.20

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): see chart above

BC2026-295

Title	6165 - Relocate Radio Equipment CECOMS
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	6165	Motorola Solutions Inc.	Upon executions – Completion of Services	126,142.00	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 Public Safety and Justice Services Department plans to contract with Motorola Solutions Inc. for radio tower antenna relocation/installation and infrastructure services in the amount of \$126,142.

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):
 Relocate and install Cuyahoga County’s CECOMS radio tower antenna and infrastructure services for their impending move

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):
Motorola Solutions, Inc. 500 W Monroe St Ste 4400 Chicago IL 60661	Lisa Flask 9-1-1 Account Executive
Vendor Council District:	Project Council District:
N/A	All
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. Motorola Solutions is the only vendor able to perform these specific services. *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: 3/19/2026
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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.

PJ100105

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

Provide status of project.

Project is currently awaiting approval.

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):

BC2026-296

Title	CJFS 2026: DocuSign Enterprise Pro for Government	
Department or Agency Name	Department of Health and Human Services/Cuyahoga Job and Family Services	
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.
	26002129	Carahsoft	07/08/2026 - 07/07/2027	\$74,639.60		

Service/Item Description (include quantity if applicable).

eSignature Enterprise Pro for Gov - Envelope(Annual)

eSignature Enterprise Pro for State and Local Government - Envelope

DocuSign, Inc. APT0394	
Start Date: 07/08/2026 End Date: 07/07/2027	
Enterprise Premier Support 22% of Recurring Fees (22% of List Price per \$100 of List License Fees). Annual DocuSign, Inc. APT0148 Start Date: 07/08/2026 End Date: 07/07/2027	
Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)	
For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement Age of items being replaced: _____ How will replaced items be disposed of? _____	
Project Goals, Outcomes or Purpose (list 3): This will allow the agency to digitally capture the signature of customers who are seeking public assistance. The ability to capture those signatures electronically, eliminates the need for clients to come the building. Many times, transportation poses a hardship for clients. It also eliminates the need to send paper applications to peoples' addresses where we would have to wait longer for a return response. Often, we receive incomplete applications, and this software will eliminate that by not allowing the client to continue unless all sections are completed. This software also allows the ability to monitor if applications were received and even opened.	

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: Carahsoft 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Meagan Phillips
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# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption

Number of Solicitations (sent/received) /	<input checked="" type="checkbox"/> State Contract, list STS number and expiration date #534354 Expiring 12/19/2026 <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"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" type="checkbox"/> Check if item on IT Standard List of approved purchase. PAGE 29	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 checked="" type="checkbox"/> No, please explain. Separate product.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed.
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. 50% Health and Human Services Levy/50% Federal and State Reimbursement
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. NOTHING PURCHASED YET. Waiting for BOC Approval.
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.
	25002369	Carahsoft	7/8/2025 - 7/7/2026	\$72,419.20	06/23/2025	BC2025-409

BC2026-297

Title	OCSS 2026: DocuSign Enterprise Pro for Government
Department or Agency Name	Department of Health and Human Services/Office of Child Support Services
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.
	26002004	Carahsoft	7/8/2026 – 7/7/2027	\$25,709.30		

Service/Item Description (include quantity if applicable). DocuSign Enterprise Pro for Gov – Env 6000 Enterprise Premier Support 22% of Recurring Fees Authentication - SMS - Usage Subscription Per Envelope
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):

1. Reduce turnaround time for forms, contracts, and approvals
2. Provide a secure, auditable trail for each transaction
3. Reduce in-person visits, improving access for underserved populations

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: Carahsoft 11493 Sunset Hills Road, Suite 100 Reston, VA 20190	Owner, executive director, other (specify): The Seller Administrator for the contractor/vendor is Meagan Phillips
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# _____ (Insert RQ# for formal/informal items, as applicable) <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input 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"/> Yes <input type="checkbox"/> No. If yes, complete section below:	
<input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain. Separate Item	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 66% Title IV-D Reimbursement and 34% Health and Human Services Levy
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. HS245100/55130/UCH00000
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
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	25003003	Carahsoft Technology Corporation	7/8/2025–7/7/2026	\$25,709.77	08/18/2025	BC2025-535

BC2026-298

Title	2026 Revenue Generating Agreement – Health Care Facility Management, LLC DBA Communicare Family of Companies.
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)/ Amendme nt (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6264	Health Care Facility Management LLC DBA Communicare Family of Companies (CCFC)	6/1/2026-5/ 31/2027	\$43,382.48	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 Cuyahoga Job and Family Services plans to enter into a Revenue Generating agreement with Health Care Facility Management LLC DBA Communicare Family of Companies for CJFS trained workers to determine Medicaid benefit eligibility for CommuniCare Family of Companies (CCFC) residents applying for Medicaid.

This Revenue Generating agreement will be \$43,382.48 for the time period of 6/1/2026-5/31/2027.

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 _____
Project Goals, Outcomes or Purpose (list 3): Health Care Facility Management LLC DBA CommuniCare Family of Companies (CCFC) staff will assist residents applying for Medicaid benefits. CJFS Caseworker(s) are responsible for determining income eligibility for Health Care Facility Management LLC DBA CommuniCare Family of Companies (CCFC) Medicaid applicants.

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):
Health Care Facility Management LLC DBA CommuniCare Family of Companies	Lashae Allgood, Divisional Director of Revenue Cycle
Vendor Council District:	Project Council District:
Various locations	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. A revenue generating agreement is being requested because Health Care Facility Management LLC DBA CommuniCare Family of Companies is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can determine eligibility for Medicaid applications. *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"/> 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 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.
 The project is a revenue-generating agreement where Health Care Facility Management LLC DBA Communicare Family of Companies (CCFC) 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 of revenue generating agreement.

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

Provide status of project.

New Project

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

Reason: There were issues around the company name to use for the multiple facilities that are addressed in the contract. CommuniCare Family of Companies (CCFC) had to research how to group them under one umbrella. The contract started and stopped a few times because of the issue and gathering documents and registering with the AG office. Contract had to go between the vendor and county legal team with multiple edits. We received the final contract signature on 5/22/2026.

Timeline	
Project/Procurement Start Date (date your team started working on this item):	12/19/2025 Introduction to vendor;
Date documents were requested from vendor:	1/16/2026, 1/26/2026, 2/9/2026, 3/12/2026, 3/31/2026, 4/14/2026, 5/22/2026
Date of insurance approval from risk manager:	n/a
Date Department of Law approved Contract:	5/26/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	
Have payments been made? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain)	

HISTORY (see instructions):

BC2026-299

Title	Amendment 1 Cleveland Christian Home Cuyahoga County for the Child Wellness Campus
Department or Agency Name	The Department of Health and Human Service/Office of the Director
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	5247	The Centers for Families and Children	1/1/2025 - 12/31/2025	\$200,000.00	4/7/2025	bc2025-244
A-1	5247	The Centers for Families and Children	1/1/26- 12/31/26	\$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.

In partnership with Cuyahoga County DCFS, The Centers for Families and Children and The Centers for Families and Children are responding the critical shortage of out of home care child placements by implementing the Child Wellness Campus. This grant will be used to support the salary and benefits of the Executive Director to lead program design and

implementation.

This is an existing service covered under CM 5247. This is the first amendment, adding funding in the amount of \$200,000.00 and extending the contract term to 12/31/26. There are no changes to the scope.

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

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

Project Goals, Outcomes or Purpose (list 3):
 To launch a new Welcome Center to facilitate the safe placement of youth by 2026.
 To renovate CH to include up to 60 specialized residential suites, with the capacity to accommodate 100-150 youth per year.
 Address the shortage of residential placements and supports for youth in custody of the county.

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: The Centers for Families and Children 4500 Euclid Avenue Cleveland, Ohio 44103	Owner, executive director, other (specify): Eric Morse, President & CEO
Vendor Council District: 7	Project Council District: 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 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 grant from Mt. Sinai Foundation was awarded after to the County for the Centers specifically for the implementation of the Child Wellness Campus. *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:
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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% Mt. Sinai Health Foundation

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.

HS215100; 56010; UCH05510

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

Provide status of project.
Recurring service under current contract CM5247

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

Reason: This is separate contract not necessarily managed by any one person so the renewal slipped through the cracks.	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	4/27/2026
Date documents were requested from vendor:	5/5/2026
Date of insurance approval from risk manager:	5/21/2026
Date Department of Law approved Contract:	5/21/2026
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	continuation of the project
Have payments been made? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please explain)	only for the previous contract period.

HISTORY (see instructions): See chart above

C. - Consent Agenda

BC2026-300

TITLE	Public Works – McDonnell Center
DEPARTMENT OR	Department of Public Works

REQUESTED ACTION	<input type="checkbox"/> Amendment to Approval (BOC or Council) <input checked="" type="checkbox"/> Other action; please describe – Disposal of Equipment
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DESCRIPTION/ EXPLANATION OF REQUEST:	The Department of Public Works is declaring five (5) locker units as surplus County-owned property, no longer needed for public use. The department is requesting authority to discard stated materials as soon as possible. The lockers are currently located at the McDonnell Center on Croton Avenue and are in poor condition from day to day use.
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CURRENT/HISTORICAL INFORMATION	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
ORIGINAL (O)		
AMENDMENT (A)		

Tag#	Item	Manufacturer	Facility	Purchase Date	Est. Cost at time of Purchase
69-0233	Metal locker	OPI Correctional Ind	CCCBCF	4/2/2021	443.35
69-0234	Metal locker	OPI Correctional Ind	CCCBCF	4/2/2021	443.35
69-0235	Metal locker	OPI Correctional Ind	CCCBCF	4/2/2021	443.35
69-0236	Metal locker	OPI Correctional Ind	CCCBCF	4/2/2021	443.35
69-0237	Metal locker	OPI Correctional Ind	CCCBCF	4/2/2021	443.35

BC2026-301

Department of Information Technology, recommending to declare excess County computers and IT Equipment as surplus County-owned property, no longer needed for public use; requesting authority to sell surplus property to Info@Ret3.org. for a fee in the amount of \$1.00 in accordance with EO2012-0001.

Funding Source: Revenue Generating

Agency: Department of IT

Sale of property to:

Info@Ret3.org
 1814 E. 40th Street
 Cleveland, Ohio 44103
 Kenny Kovach-Director

Asset Tag	Serial Number	Manufacturer	Device Type	Description
N/A	312RMPG2A400	Other	Monitor	55 Inch TV
94903	Mxl2242ybk	HP	Desktop PC	Z2 mini G5 workstation
90562	5cg8464lxm	HP	Laptop PC	Elitebook 850 G5
80823	5cb3421ftw	HP	Laptop PC	Elitebook 857p
N/A	H4TFQ2TXPN7C	Apple	Desktop PC	2020 iMac
78814	5CB3200NG3	HP	Laptop PC	8750p
78470	5CB3200V3G	HP	Laptop PC	8750P
78725	2UA30207FK	HP	Desktop PC	Z220
81492	5CB3200N9D	HP	Laptop PC	8750p
78985	5CB3200NF8	HP	Laptop PC	8750p
None	107WTRE0J462	Other	Other	LG TV
77915	2UA2501H4H	HP	Desktop PC	Z220
79072	5CB3200NBO	HP	Laptop PC	8570p
92382	5CG0390J4F	HP	Laptop PC	HP EliteBook 850 G6
91962	5CG0104XKC	HP	Laptop PC	HP EliteBook 850 G6
76428	D25GJ15VDHJW	Apple	Desktop PC	iMac 12,2
76426	D25GJ15MDHJW	Apple	Desktop PC	iMac 12,2
75325	D25H12VYDHJW	Apple	Desktop PC	iMac 12,2
76429	D25H50MFDHJW	Apple	Desktop PC	iMac 12,2
89101	2UA8061XXF	HP	Desktop PC	Z240
52039	CNRC6BN4CH	HP	Printer	LaserJet 1320
79243	2UA4351M84	HP	Desktop PC	Z230
79995	2UA4351MBS	HP	Desktop PC	Z230
91315	MXL9131F67	HP	Desktop PC	Z2 G4
79213	3CQ4322ST2	Dell	Monitor	Pro Display P221
90291	2UA8081LZ4	HP	Desktop PC	Z240

84880	5CG6133JDM	HP	Laptop PC	EliteBook 850 G3
90943	5CG8461518	HP	Laptop PC	HP EliteBook 850 G3
63014	F6GRQG1	Dell	Laptop PC	PP05XA
94776	5CG1247RMJ	HP	Laptop PC	EliteBook 850 G8
94672	5CG1380W2F	HP	Laptop PC	Elitebook 850 G8
93759	2MQ4490CMS	HP	Laptop PC	Z Book Firefly 16 G11
91320	MXL9131F5V	HP	Desktop PC	Z2
82845	3CM42707DV	HP	Monitor	E271i
79355	2UA4351M9S	HP	Desktop PC	Z230
88793	5CG7373B54	HP	Laptop PC	EliteBook 850 G3
92076	5CG0179DT6	HP	Laptop PC	HP EliteBook 850 G6
NA	6CM9160N1H	HP	Monitor	ProDisplay P232 (K7X31A)
95081	FXS1923Q5Y4	Cisco	Networking	ASR 1001-X
91185	2UA71225WW	HP	Desktop PC	Z240
86943	2UA54332LT	HP	Desktop PC	ProDesk 600G1
79148	2UA4351MJR	HP	Desktop PC	Z230
95091	JMX2430Z00S	Cisco	Networking	FPR-2120 VO3
JAD23330PVW	JAD23330PVW and JMX2334X0Q0	Cisco	Networking	FPR-1140
84872	5CG6133HSQ	HP	Laptop PC	Elitebook 650 G3
84591	5CG6133HK2	HP	Laptop PC	Elitebook 850 G3
NA	CS1000p1307434	Other	Other	CS1000p
77463	2UA2501KPP	HP	Desktop PC	Z220 SFF Workstation
77508	2UA2501KJC	HP	Desktop PC	Z220 SFF Workstation
77503	2UA2501KHN	HP	Desktop PC	Z220 SFF Workstation
95029	FXS1923Q60D	Cisco	Networking	ASR-1001x
77459	2UA2501KM4	HP	Desktop PC	Z220 SFF Workstation
92059	5CG017BJKZ	HP	Laptop PC	HP EliteBook 850 G6
NA	NA	Other	Other	RBC7 Battery
NA	NA	Other	Other	RBC7-SLA7-BTI Battery
NA	NA	Other	Other	RBC7-SLA7-BTI Battery
NA	NA	Other	Other	RBC7-SLA7-BTI Battery
NA	NA	Other	Other	RBC7SLA7-BTI Battery
NA	NA	Other	Other	RBC7-SLA7-RBI Battery
NA	NA	Other	Other	RBC7-SLA7-BTI Battery
na	na	Other	Other	RBC7-SLA7-BTI Battery
NA	9449AY00M510700467	Tripplite	Other	OMNIVS1500XL
80385	5CG546510L	HP	Laptop PC	ProBook 650 G1

BC2026-302

(See related items for proposed travel/memberships for the week of 6/15/2026 in Section C above).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-68

TITLE	Department Development; 2026-2028 Data Sharing & Confidentiality Agreement between ODJFS and Local Workforce Area #3
DEPARTMENT OR AGENCY NAME	Department of Development

REQUESTED ACTION	<input checked="" type="checkbox"/> Memorandum of Understanding (MOU) <input type="checkbox"/> MOU Amendment
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CURRENT/HISTORICAL AGREEMENT INFORMATION	VENDOR NAME	TIME PERIOD	DATE BOC APPROVED/ COUNCIL'S JOURNAL DATE	APPROVAL NO.
Original (O)	Ohio Department of Job and Family Services	10/1/2026 – 9/30/2028		
Amendment (A)				

STATUS OF PROJECT:	<input checked="" type="checkbox"/> New Agreement <input type="checkbox"/> Recurring Agreement
DESCRIPTION/EXPLANATION OF REQUEST:	<p>Department of Development is requesting approval of a Data Sharing and Confidentiality Agreement between the Ohio Department of Job and Family Services (ODJFS) and Local Workforce Area #3 for the period October 1, 2026 through September 30, 2028, for the anticipated cost of \$0.00.</p> <p>The purpose of the Agreement is to provide Local Workforce Area #3 with Wage Record information and Unemployment Insurance (UI) claimant data that may be used exclusively for workforce development and RESEA program administration purposes authorized under the Agreement.</p> <p>The Agreement authorizes the use of:</p> <ol style="list-style-type: none"> 1. Wage Record and Participant Outcome Group data to compare local workforce performance outcomes with accountability standards; 2. UI End of Benefits and UI Claimant reports to conduct outreach to unemployment claimants; 3. RESEA Selection Pool and supplemental contact information for RESEA program service delivery; and

	4. Early Intervention Reports to support workforce outreach and eligibility determination activities.
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):	Support workforce development performance tracking and accountability measurement using Wage Record and Participant Outcome Group data.
	Improve outreach and reemployment services to Unemployment Insurance claimants approaching benefit exhaustion or identified through RESEA and Early Intervention reporting.
	Facilitate secure and confidential sharing of workforce-related data between ODJFS and Local Workforce Area #3 in compliance with applicable federal and state confidentiality requirements.
VENDOR DETAILED INFORMATION	
VENDOR NAME AND ADDRESS:	Ohio Department of Job and Family Services Office of Workforce Development 4020 East 5th Avenue Columbus, Ohio 43219
ROLE OF AUTHORITY (SPECIFY, I.E. OWNER, EXECUTIVE DIRECTOR):	Matt Damschroder, Director
VENDOR COUNCIL DISTRICT (IF APPLICABLE):	Not applicable / outside Cuyahoga County
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY PROJECT (IF APPLICABLE)	All Cuyahoga County municipalities
PROJECT COUNCIL DISTRICT (IF APPLICABLE):	All Council Districts

REASON FOR LATE SUBMITTAL	
EXPLANATION FOR LATE SUBMITTAL (PROVIDE DETAIL INFORMATION THAT MAY HAVE AFFECTED TIMELY PROCESSING OF REQUEST):	N/A
HAVE WORK/SERVICES BEGUN?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "yes" please explain):
PROJECT START DATE (DATE YOUR TEAM STARTED WORKING ON THIS ITEM):	5/21/2026
DATE ITEM WAS ENTERED AND RELEASED IN ONBASE	5/22/2026

ION2026-69

TITLE	SFY2026 Specialty Docket Vet Court - Additional \$15,000.00 Award
DEPARTMENT OR AGENCY NAME	Common Pleas Court, Corrections Planning Board, TASC

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	SFY2026 Specialty Dockets VET	7/1/2025 – 6/30/2026	\$345,000.00	2/2/2026	ION2026-01
AMENDMENT (A-1)	SFY2026 Specialty Dockets VET only	7/1/2025 – 6/30/2026	\$15,000.00	pending	pending
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		The Ohio Department of Behavioral Health (DBH) (formerly Ohio Dept of Mental Health and Addiction Services (OMHAS)) has awarded an additional \$15,000.00 to provide funding for salaries, related payroll expenses and client sober supports for staff and clients of Veterans Treatment. This allocation pays for a portion of the salaries of 1 assessment specialist and a portion of 1 clinical coordinator.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		Conduct Assessments of VET Court clients (probationers) in these Specialty Dockets.			
		Provide continuing Case Management Services to Vet Court clients.			
		Provide Sober Supports to Vet Court clients to assist in their recovery.			

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

SUBRECIPIENT'S COUNCIL DISTRICT:	
DOLLAR AMOUNT ALLOCATED:	

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

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

ION2026-70

TITLE	Department of Public Safety and Justice Services, on behalf of the Medical Examiner's Office, submitting an amendment to an agreement with City of Cleveland for reimbursement of eligible expenses related to staff overtime for entering data into federal DNA databases in connection with the FY2021 Sexual Assault Kit Initiative Grant for the period 10/1/2023 – 9/30/2025 to extend the time period to 9/30/2026 for \$0.00 additional
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 type="checkbox"/> Grant Agreement (when the signature of the County Executive is required). <input type="checkbox"/> Grant Award (when the signature of the County Executive is not required). <input checked="" type="checkbox"/> Grant Amendments <input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)
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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)	FY2021 Sexual Assault Kit Initiative Grant	10/01/2023 – 09/30/2025	\$73,520.00	11/24/2025	BC2025-737
AMENDMENT (A-1)	FY2021 Sexual Assault Kit Initiative Grant	10/01/2023 – 09/30/2026	\$0.00		
AMENDMENT (A-)					
DESCRIPTION/ EXPLANATION OF THE GRANT:		<p>The purpose of the grant is to help law enforcement and prosecutors address all of the challenges associated with unsubmitted sexual assault kits (SAKs) in order to reduce the number of unsubmitted SAKs in their jurisdictions. This will give them the evidence and tools to solve and reduce violent crimes associated with sexual assault, while achieving the long-term goal of improving the criminal justice response to sexual assault.</p> <p>On behalf of the City of Cleveland, the ME’s role in this subaward is to enter data from tested sexual assault kits into the Combined DNA Index System (CODIS) and where applicable, into the National DNA Index System (NDIS).</p>			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>Reimburse the Medical Examiner’s Office for grant-related staff overtime hours.</p> <p>Enter data from tested sexual assault kits into the Combined DNA Index System (CODIS) for the City of Cleveland.</p> <p>Where applicable, upload to the National DNA Index System (NDIS)</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 districts/municipalities
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	All districts/municipalities

FUNDING SOURCE:	<p>Please provide the complete, proper name of the funding source (no acronyms) for receipt of this grant.</p> <p>For the agenda: Funding Source: Revenue Generating</p>
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	Grant Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance
	Grant Name: BJA FY 21 National Sexual Assault Kit Initiative (SAKI)
	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.

ION2026-71

(See related list of Contracts up to \$10,000.00 and Various Agreements – processed and executed for the week of 6/15/2026 in Section V. above).

ION2026-72

(See related list of purchases processed (No Vote Required) in the amount not-to-exceed \$10,000.00 for the period 05/01/2026 – 05/31/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT