



**Cuyahoga County Board of Control Agenda
Monday, June 22, 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 – 6/15/2026

III. – PUBLIC COMMENT

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-303

Department of Public Works, recommending an award and enter into Contract No. 6155 with Precision Compaction Services, LLC (110-1) in the amount not-to-exceed \$90,000.00 for preventative maintenance and repair services on compactors, balers and dumpsters, located at various County buildings for the period 7/26/2026 - 7/25/2029, effective upon signatures of all parties.

Funding Source: General Fund

BC2026-304

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

- a) Submitting an RFP exemption, which will result in an award recommendation to Integrated Precision Systems, Inc. in the amount not-to-exceed \$225,836.93 for the purchase, installation, and programming of various security equipment, licensing, and support needed to enhance the existing security infrastructure and support the relocation of Health and Human Services to 1801 Superior Avenue.

- b) Recommending an award on Purchase Order No. 26002200 to Integrated Precision Systems, Inc. in the amount not-to-exceed \$225,836.93 for the purchase, installation, and programming of various security equipment, licensing, and support needed to enhance the existing security infrastructure and support the relocation of Health and Human Services to 1801 Superior Avenue.

Funding Source: Capital Project - General Funds

BC2026-305

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with unBail Labs. (via Contract No. 6263) in the amount not-to-exceed \$95,500.00 to provide funding in support of the CourtChat pilot project for the Cuyahoga County Common Pleas Court, aimed at improving defendants understanding of next steps in the legal process, effective upon signatures of all parties for a period of 2 years.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-306

Fiscal Office on behalf of the County Executive's Office, submitting a Grant Agreement with Re: Source Cleveland dba The Refugee Response (via Contract No. 6284) in the amount not-to-exceed \$85,000.00 to provide funding for centralized immigration coordination and support infrastructure services for the Newcomer Resource Hub, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-307

Fiscal Office on behalf of the County Executive's Office, submitting Contract No. 6285 with The Cleveland Cultural Gardens Federation in the amount not-to-exceed \$30,000.00 to provide funding for general operating support of the Cleveland Cultural Gardens, effective upon signatures of all parties for a period of 2 years.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-308

Fiscal Office on behalf of the County Executive's Office, submitting a Memorandum of Understanding (via Contract No. 6288) with Cuyahoga County Office of Violence Prevention in the amount not-to-exceed \$60,000.00 to strengthen a countywide approach that prioritizes prevention, partnership, and community engagement to build safer and healthier neighborhoods, effective upon signatures of all parties for a period of 1 year.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-309

Fiscal Office on behalf of the County Executive's Office, submitting a Memorandum of Understanding with Cuyahoga County Department of Sustainability (via Contract No. 6289) to define the terms, responsibilities and procedures for use of \$200,000.00 in grant funds allocated to support efforts to

strengthen sustainability through education, engagement and training within Cuyahoga County and the region's freshwater ecosystem for a period of 1 year effective upon signatures of all parties.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-310

Fiscal Office on behalf of the County Executive, submitting a Memorandum of Understanding with Cuyahoga County Department of Development, Office of Small Business (via Contract No. 6290) to define the terms and requirements for use of \$170,000.00 in grant funds allocated to strengthen small businesses and reduce barriers to capital through Micro Grants for a period of 1 year effective upon signatures of all parties.

Funding Source: General Fund - American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

BC2026-311

Court of Common Pleas/Juvenile Court Division, recommending an award on Purchase Order No. 26001889 with The Ohio State University dba OARnet in the amount not-to-exceed \$12,145.92 for annual renewal of (128) VMware Cloud Foundation Edge -Deployment Only software subscriptions for the period 7/31/2026 – 7/30/2027.

Funding Source: General Fund

BC2026-312

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Contract No. 6274 (fka Contract No. 5515, 4644, 4522) with Lutheran Metropolitan Ministry for trauma informed respite and youth care center services for the period 7/1/2024 – 6/30/2026 to extend the time period to 6/30/2027, to change the terms, to replace the insurance requirements and for additional funds in the amount not-to-exceed \$250,000.00.

Funding Source: RECLAIM Grant

BC2026-313

Court of Common Pleas/Juvenile Court Division, submitting an amendment to Agreement No. 6268 (fka Contract No. 5133) with Cuyahoga County Board of Developmental Disabilities for (1) full time Forensic Liaison for the period 7/1/2024 – 6/30/2026 to extend the time period to 6/30/2027, to update insurance requirements, and for additional funds in the amount not-to-exceed \$97,927.50, effective 7/1/2026.

Funding Source: RECLAIM Grant

BC2026-314

County Prosecutor, recommending an award on Purchase Order No. 26002130 to MNJ Technologies Direct, Inc. in the amount not-to-exceed \$61,820.00 for a state contract purchase for the annual renewal of subscription services for 870TB of cloud-based storage for the period 8/15/2026 – 8/14/2027.

Funding Source: General Fund

BC2026-315

Sheriff’s Department, recommending an award on RQ11711 and enter into Contract No. 3484 with Public Consulting Group (11-3) in the amount not-to-exceed \$106,282.00 for the purchase of cost allocation software and associated hosting and support services for the Protective Services Division for the period 5/1/2026 – 4/30/2028.

Funding Source:-Central Security Services - Sheriff Internal Service Fund

BC2026-316

Department of Health and Human Services/Cuyahoga Job and Family Services, submitting a Revenue Generating Agreement (via Contract No. 6250) with The MetroHealth System in the anticipated amount not-to-exceed \$173,529.91 to provide financial assistance for staffing services to determine income eligibility and process Medicaid applications for MetroHealth patients applying for or seeking assistance with enrollment for the period 7/1/2026 – 6/30/2027.

Funding Source: Revenue Generating

C. – Consent Agenda

BC2026-317

Department of Health and Human Services/Division of Senior and Adult Services, submitting an amendment to Contract No. 3768 with PurFoods, LLC dba Mom’s Meals for Home Delivered Meals services in connection with the Cuyahoga OPTIONS for Independent Living Services Program for the period 1/1/2024 – 3/31/2027 to change the unit rate from \$7.59 to \$7.79, effective upon signatures of all parties.

Funding Source: Health and Human Services Levy Fund

BC2026-318

Fiscal Department, presenting proposed membership request for the week of 6/22/2026:

Department	Organization	Membership Dues	Dates of Membership	Funding Source
Department of Development	Fund For Our Economic Future	\$30,600.00	5/1/2026 – 4/30/2027	General Funds

Purpose of Membership:

The Fund for Our Economic Future combines the philanthropic leverage of a funding collaborative, the curiosity and insight of a think tank, the innovation of an incubator and the convening power of an association. While our model defies common labels, it is simple in practice — we create space for our members to come together across sectors and communities to learn and lead.

BC2026-319

Department of Purchasing, presenting proposed purchases for the week of 6/22/2026:

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
26002029	(2) 2027 New never Titled Chrysler Pacifica Vans	Department of Public Works	Kufleinter Automotive Inc.	\$93,238.00	General Fund
26002234	(1) 2026 New never Titled Ford F-150 4x4 SuperCrew Cab Pickup Truck	Sheriff's Department	Valley Ford Truck, Inc.	\$44,996.00	BJA FY24 Field Initiated: Encouraging Innovation Grant

Items/Services Received and Invoiced but not Paid:

Purchase Order Number	Description	Department	Vendor Name	Total	Funding Source
26002217	Out-of-home care placement services for the period 5/1/2026-5/31/2026 *	Division of Children and Family Services	Excel Beyond Limits	\$15,500.00	65% Health and Human Services Levy Fund and 35% Title IV-E Reimbursement Fund

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

V- OTHER BUSINESS

Item of Note (non-voted)

ION2026-73

Department of Public Works, submitting an amendment to a Subaward Agreement with Ohio Lake Erie Commission to establish the duties and obligations for the completion of the Euclid Beach Connector Project in connection with the Lakefront Public Access plan for the period 4/21/2025 - 6/30/2026, to extend the time period to 12/31/2026; no additional funds required.

Funding Source: Ohio Lake Erie Commission in connection with the Ohio Environmental Protection Agency Lake Erie Management Assistance Grant

ION2026-74

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
10143	3202	Airgas USA, LLC	To provide bottled gas rentals, purchases, and related services to various County departments.	\$0.00	Department of Public Works	5/2/2023-5/1/2026; to extend the time period to 5/1/2028	(Original) General Fund	(Executive) 6/16/2026 (Law) 6/17/2026
15653	5271	Perk Company, Inc.	For rehabilitation of Smith Road from Sheldon Road to Pearl Road in the City of Middleburg Heights, Ohio.	For a decrease of funds in the amount of (\$1,924.49)	Department of Public Works	4/30/2025-project completion	(Original) 44.40% County Motor Vehicle License Tax Fund, 32.40% Ohio Public Works Commission and 23.20% Municipality	(Executive) 6/16/2026
13617	4880	Home Repair Resource Center	For financial counseling, foreclosure prevention and real property tax and services for Cuyahoga County residents; to replace insurance requirements as outlined in	\$0.00	Department of Housing and Community Development	10/01/2024 – 9/30/2026; to extend the time period to 9/30/2027	57% Community Development Block Grant and 43% Delinquent Tax Assessment Collection	(Executive) 6/16/2026 (Law) 6/17/2026

			Schedule A, effective upon signatures of all parties.					
13617	5916 (fka 4884)	Empowering & Strengthening Ohio's People, Inc.	For financial counseling, foreclosure prevention and real property tax and services for Cuyahoga County residents; to replace insurance requirements as outlined in Schedule A, effective upon signatures of all parties.	\$0.00	Department of Housing and Community Development	10/01/2024 – 9/30/2026; to extend the time period to 9/30/2027	78.26% Community Development Block Grant and 21.74% Delinquent Tax Assessment Collection	(Executive) 6/16/2026 (Law) 6/17/2026

VI – PUBLIC COMMENT

VII – ADJOURNMENT

Minutes

Cuyahoga County Board of Control
Monday, June 15, 2026 - 11:00 A.M.
County Headquarters
2079 East Ninth Street
Committee Room B

I – CALL TO ORDER

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

Attending:

Michael Chambers, Fiscal Officer, serving as Chairman
Nichole English, Administrator, Planning and Programming, Department of Public Works
(Alternate for Michael Dever)
Paul Porter, Director, Department of Purchasing
Councilmember Meredith Turner
Councilmember Michael Houser
Councilmember Robert Schleper

II. – REVIEW MINUTES – 6/8/2026

Michael Chambers motioned to approve the minutes from the June 8, 2026, meeting; Meredith Turner seconded. The minutes were approved by unanimous vote, as written.

III. – PUBLIC COMMENT

There was no public comment.

IV. – CONTRACTS AND AWARDS

A. – Tabled Items

B. – New Items for Review

BC2026-286

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

Nichole English, Department of Public Works, presented. Meredith Turner asked is it always the same price. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-286 was approved by unanimous vote.

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

Brianna Witt, Department of Information Technology, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-287 was approved by unanimous vote.

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)

Stephen Witt, Department of Human Resources, presented. Michael Houser asked is that a new contract, have we worked with them before and have they reimbursed us fully. Michael Chambers motioned to approve the item; Meredith Turner seconded. BC2026-288 was approved by unanimous vote.

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

Stephen Witt, Department of Human Resources, presented. Michael Houser asked do you know how many family medical leave cases we get yearly, or will we have to work with HR; I just want to make sure we're justifying this amount since we already have a HR department to contract out; is it that many where we need to stay on top of it like that. The Presenter will follow up with how many cases there are. Michael Chambers motioned to approve the item; Michael Houser seconded. Item BC2026-289 was approved by unanimous vote.

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

Linda Lagunzad, Court of Common Pleas/Corrections Planning Board, presented. Robert Schleper asked many individuals roughly is this serving every year; how are those vendors selected in this particular case. Michael Houser asked this \$100,000.00 the additional funds is that to continue the services we have already provided or will that help us bring additional applicants. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-290 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-291 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-292 was approved by unanimous vote.

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

Jennifer Howard, Court of Common Pleas/Juvenile Court Division, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-293 was approved by unanimous vote.

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

Chris Costin and Sergeant Courtney Sheehy, Sheriff's Department, presented. Meredith Turner asked what is the life span of these vests, is it the same for helmets; what are they doing with these vests are they getting a lot of use. Sergeant Sheehy will follow up with the lifespan of helmets. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-294 was approved by unanimous vote.

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

Mary Beth Vaughn, Department of Public Safety and Justice Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-295 was approved by unanimous vote.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Paul Porter seconded. Item BC2026-296 was approved by unanimous vote.

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

Remon Kaldas, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Robert Schleper seconded. Item BC2026-297 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. There were no questions. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-298 was approved by unanimous vote.

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

Marcos Cortes, Department of Health and Human Services, presented. Meredith Turner asked what happens when this grant runs out. Michael Chambers motioned to approve the item; Meredith Turner seconded. Item BC2026-299 was approved by unanimous vote.

C. – Consent Agenda

There were no questions or comments on the Consent Agenda items. Michael Chambers motioned to approve Consent Agenda Item No. BC2026-300 through BC2026-302; Meredith Turner seconded. The Consent Agenda Items were approved by unanimous vote.

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

Paul Porter, Department of Purchasing, followed up about the questions from BC2026-289; said when the RFP was put out there were approximately 525 active FMLA cases that HR was working. And then in 2024, they listed the full year total as 1,325 cases. So there is a fairly high volume. Michael Chambers asked they add additional like expand the pro. What did they do in 24 then? Paul said that was because I think this was issued in 25 so they were looking at a full year of data and then saying what the number of active cases were, it was issued in May of 25 that's why they use 24.

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 Interiors, Inc., effective upon signatures of all parties.	For comprehensive furniture design, specification, procurement and installation services for the 1801 Superior Avenue Project.	\$0.00	Department of Public Works	1/30/2026-project completion	(Original) General Fund-Capital Projects	(Executive) 6/8/2026

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

There was no public comment.

VII – ADJOURNMENT

Michael Chambers motioned to adjourn; Nichole English seconded. The motion to adjourn was unanimously approved at 11:25 a.m.

Item Details as Submitted by Requesting Departments

IV. Contracts and Awards

A. – Tabled Items

B. – New Items for Review

BC2026-303

Title	Public Works-Precision Compaction Services LLC
Department or Agency Name	Department of Public Works
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	CM6155	Precision Compaction Services, LLC	07.26.2026 – 07.25.2029	\$90,000.00	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 contract is for Preventative Maintenance and Repairs on County compactors, balers and dumpers located at various County Buildings.

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):
 Continued preventive maintenance and repairs of compactors, balers and dumpers.

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

Vendor Name and address:	Owner, executive director, other (specify):
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Precision Compaction Services LLC 2557 Center Road Hinckley, Ohio 44233	Ken Boersma
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$200,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 110/ 1	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received? Precision Compaction Services was the lowest and best.	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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.
PW750100-55220

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

Provide status of project.

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

Reason:

Timeline

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

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

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

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

HISTORY (see instructions):

Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	CM2592	Precision Compaction Services, LLC	07.26.2022 – 07.25.2025	\$49,500.00	7.25.22	BC2022-450

A1	CM2592	Precision Compaction Services, LLC	08.02.2022 – 08.01.2025	\$23,000.00	12.18.2023	BC2023-822
A2	CM2592	Precision Compaction Services, LLC	07.26.2022 - 07.25.2026	\$25,000.00	05.12.2025	BC2025-308

BC2026-304

Title	Security Systems for Health & Human Services Relocation to 1801 Superior Avenue	
Department or Agency Name	Department of Information Technology on behalf of the Department of Public Works	
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input 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.
	26002200 EXMT	Integrated Precision Systems, Inc.		\$225,836.93	PENDINGG	PENDING

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

The Department of Information Technology on behalf of the Department of Public Works plans to contract with Integrated Precision Systems, Inc., for Security Systems for Health & Human Services Relocation to 1801 Superior Avenue in the amount of \$225,836.93.

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

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

Project Goals, Outcomes or Purpose (list 3):
 This request is for the procurement, installation, and programming of security systems for Health & Human Services relocation to 1801 Superior Avenue. This includes extension of existing systems in the building and

throughout the County, and include surveillance cameras, servers, access control, intercoms, and intrusion detection.

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

Vendor Name and address:	Owner, executive director, other (specify):
Integrated Precision Systems, Inc. 8555 Sweet Valley Drive, Suite B Valley View, Ohio 44125	Rob Jackson Account Representative
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. In order to maintain consistency in the management of the large enterprise networked security system, it is essential that a single vendor provide and maintain any equipment that is being added to this system. Had another vendor been selected, the County would be running multiple independent security camera systems; returning to the balkanized nature of the systems that are being upgraded and replaced. This network is in support of the existing, enterprise class security system that was installed and is maintained by Integrated Precision Systems, Inc. It is not feasible to have a different vendor supply a network that will support the system maintained by another vendor. *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.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

List date of TAC approval	Date: 06/09/2026
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

100 % Capital Project - General Funds

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

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

PW600100

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

Provide status of project.

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

Reason:

Timeline

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

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

HISTORY (see instructions):

BC2026-305

Title	Executive Department / unBail Labs / Contract / 2 year contract for CourtChat Pilot
Department or Agency Name	Fiscal Office on behalf of the County Executive's Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6263	unBail Labs	2-years from Effective Date	\$95,500.00	Pending	Pending

<p>Service/Item Description (include quantity if applicable).</p> <p>The Executive Office is requesting approval to award a grant to unBail Labs for a period of 2 years from the effective date. This agreement is for the CourtChat pilot in the amount of \$95,500.00. UnBail developed CourtChat, a court notification and education texting service, to improve defendants' understanding of the next steps in their court cases and the legal process more broadly.</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):</p> <p>Develop templates for all case updates that are simple, clear, contextual, and actionable. Develop a system that will identify case updates on the online docket and enter it into the new template. Recruit 30 defendants (working in partnership with Legal Aide) to receive updates through the use of the product.</p>

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)	
Vendor Name and address:	Owner, executive director, other (specify):
unBail Labs 2348 Professor Avenue Apt. 1 Cleveland, OH 44113	Caitrin Kennedy Executive Director
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. This grant agreement is an initiative of the Executive Office *See Justification for additional information.
The total value of the solicitation:	<input checked="" type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

Is Purchase/Services technology related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete section below:
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<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: 04/30/2026
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

FUNDING SOURCE: Please provide the complete, proper name of each funding source (No acronyms). Include % for each funding source listed. 100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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. FS100500
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2026-306

Title	Fiscal Department/ Re:Source Cleveland/ New Contract for their Newcomer Resource Hub for Immigrant Services / 1-Year Period
Department or Agency Name	Fiscal Office on behalf of the County Executive’s Office

Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):
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Original (O)/Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6284	Re:Source Cleveland dba The Refugee Response	Effective upon signature-1 year	\$85,000.00	Pending	Pending

Service/Item Description (include quantity if applicable).

Fiscal Department on behalf of the Executive’s Office is requesting approval for a contract with Re:Source Cleveland for their Newcomer Resource Hub to address a growing crisis in immigrant services caused by policy shifts, benefit losses, and overwhelmed providers. Re:Source Cleveland would activate the We are Many We are One (WAMWAO) collation to serve as a centralized hub that streamlines intake, coordinates referrals to legal, health, and social services, and leverages WAMWAO’s extensive faith-based mutual aid network for direct support such as food delivery, transportation, and crisis assistance. The initiative aims to stabilize newcomer families, close service gaps, and build a sustainable, community-driven system that increases coordination, reduces duplication, and strengthens long-term support for newcomer communities. This will be a 1-year contract effective upon signature in the amount of \$85,000.00 with the funds coming from ARPA.

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):

- Immigration legal assistance
- Healthcare access and navigation
- Child protection services
- Food security programs
- Identification documentation and residency status applications

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
Re:Source Cleveland 2054 West 47 th Street Cleveland, OH 44102	Patrick Kearns, Executive Director
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. This agreement is the initiative of the Executive’s Office for community outreach 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, complete section below:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase.	If item is not on IT Standard List state date of TAC approval: _____
Is the item ERP related? <input type="checkbox"/> No <input type="checkbox"/> Yes, answer the below questions.	
Are the purchases compatible with the new ERP system? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	

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

100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services
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. FS100500
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

HISTORY (see instructions):

BC2026-307

Title	Fiscal Department on behalf of the Executive’s Office// The Cleveland Cultural Gardens Federation // New Contract // 2-Year Contract for Community Engagement Services
Department or Agency Name	Fiscal Office on behalf of the County Executive’s Office
Requested Action	<input checked="" type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6285	The Cleveland Cultural Gardens Federation	Date Effective upon signature for a period of 2 years	\$30,000.00	Pending	Pending

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

The Fiscal Department on behalf of the Executive’s Office is requesting approval for a new contract with the Cleveland Cultural Gardens for their Community Engagement Services. They are going to establish a central office, create a visitor center, and provide a classroom space for learning. This will be a 2-year contract, effective upon signature, with the funding coming from ARPA in the amount of \$30,000.00.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Establish a Central Office
 Create a visitor center
 Provide Classroom Space

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

Vendor Name and address:	Owner, executive director, other (specify):
Cleveland Cultural Gardens Federation PO Box 606173 Cleveland, Ohio 44106	Thomas Turkaly Executive Director
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. This agreement is an initiative of the Executive’s office for Community Engagement 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.

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

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

100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

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.

FS100500

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

Provide status of project.

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

Reason:

Timeline

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

HISTORY (see instructions):

BC2026-308

Title	Fiscal Department on behalf of the Executive's Office // Department of Public Safety and Justice Services: Office of Violence Prevention // MOU // 1-Year MOU for Community Outreach services for Violence Prevention
Department or Agency Name	Fiscal Office on behalf of the County Executive's Office
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6288	Office of Violence Prevention	1-year period effective upon signature	\$60,000.00	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 Fiscal Office on behalf of the Executive's Office is requesting approval of a Memorandum of Understanding with the Department of Public Safety and Justice Services' Office of Violence Prevention to strengthen a countywide approach that prioritizes prevention, partnership, and community engagement to build safer and healthier neighborhoods. The funding will come from ARPA in the amount of \$60,000.00 for a 1-year period of time, which is effective upon signature.</p> <p>Indicate whether: <input checked="" type="checkbox"/> New service/purchase <input type="checkbox"/> Existing service/purchase <input type="checkbox"/> Replacement for an existing service/purchase (provide details in Service/Item Description section above)</p> <p>For purchases of furniture, computers, vehicles: <input type="checkbox"/> Additional <input type="checkbox"/> Replacement</p>

Age of items being replaced:	How will replaced items be disposed of
Project Goals, Outcomes or Purpose (list 3): Youth Engagement & Prevention Programming Violence Interruption & Hotspot Outreach Mentoring, Court Advocacy & Prevention Education	

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):
Office of Violence Prevention 2079 East Ninth Street 5th Floor, Room 5-210 Cleveland, OH 44115	Myesha Watkins Administrator
Vendor Council District:	Project Council District:
If applicable provide the full address or list the municipality(ies) impacted by the project.	

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date:	Provide a short summary for not using competitive bid process. This is a Memorandum of Understanding between two County Departments for community outreach services regarding violence prevention. *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 ().
	<input checked="" type="checkbox"/> Government Purchase

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

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

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

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

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

100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

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.

FS100500

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

Provide status of project.

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

Reason:

Timeline

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

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

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

HISTORY (see instructions):

BC2026-309

Title	Fiscal Department on behalf of the Executive’s Office / Department of Sustainability / MOU / 1-Year Agreement for Sustainability Strategy and Community Outreach Program
Department or Agency Name	Fiscal Office on behalf of the County Executive’s Office
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6289	Department of Sustainability	Effective Date for a period of 1 year	\$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.

Fiscal Office on behalf of the County Executive’s Office is requesting approval of a Memorandum of Understanding with the Department of Sustainability to advance the County’s sustainability strategy and key projects with the County Climate Action Plan. ARPA will fund \$200,000.00 with the term being a 1-year period from the effective upon signature date.

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):
 Steward a healthy environment to enhance the well-being of Cuyahoga County residents and visitors
 Develop the Count in a sustainable manner and enable equitable, green jobs
 Engage, educate, and active stakeholders on important sustainability matters

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

Vendor Name and address:	Owner, executive director, other (specify):
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Cuyahoga County Administrative Headquarters 2079 East Ninth Street, 8 th Floor Cleveland, OH 44115	Melanie Knowles Director
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. Memorandum of Understanding between two Cuyahoga County departments. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase
	<input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement)
	<input type="checkbox"/> Other Procurement Method, please describe:

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

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 – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

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.

FS100500

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

Provide status of project.

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

Reason:

Timeline

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

Date documents were requested from vendor:

Date of insurance approval from risk manager:

Date Department of Law approved Contract:

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

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

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

HISTORY (see instructions):

BC2026-310

Title	Fiscal Department on behalf of the Executive's Office // Department of Development: Office of Small Business // Memorandum of Understanding // 1- year MOU to strengthen Cuyahoga County's small-business ecosystem with Micro Grants
Department or Agency Name	Fiscal Office on behalf of the County Executive's Office
Requested Action	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6290	Cuyahoga County Department of Development, Office of Small Business	1 year period, effective upon signature	\$170,000.00	Pending	Pending

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

The Fiscal Office on behalf of the Executive's Office is requesting approval to enter into a Memorandum of Understanding with the Department of Development's Office of Small Business to strengthen Cuyahoga County's small-business ecosystem by expanding access to capital and supporting early-stage and growing enterprises. This MOU will be for the period of 1 year, effective upon signature, and ARPA will fund the \$170,000.00 in the form of Micro Grants.

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):
 Provides financial assistance to help business bridge short-term funding gaps
 Expands access to capital
 Promotes equitable economic opportunity
 Reinforces resilience of local businesses

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):
Office of Small Business 2079 E. Ninth Street, 7th Floor Cleveland, Ohio 44115	Paul Herdeg, Director
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. MOU with Office of Small Business to invest in Economic Growth *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input checked="" type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input type="checkbox"/> Other Procurement Method, please describe:

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

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

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

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

100% General Fund – American Rescue Plan Act Revenue Replacement (ARPA)/Provision of Government Services

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.

FS100500

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

Provide status of project.

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

Reason:

Timeline

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

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

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

HISTORY (see instructions):

BC2026-311

Title	PO26001889 GOVP- 2026- renewal of VMWare Cloud Foundation Subscription
Department or Agency Name	Court of Common Pleas Juvenile Court Division
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.
	PO26001889 GOVP	The Ohio State University dba OARnet	7/31/2026-7/30/2027	\$12,145.92	PENDING	PENDING

Service/Item Description (include quantity if applicable).

Renewal of the VMware subscription. VMware enables the Juvenile Court to operate multiple computing environments on a single physical system. This technology allows the Court to maximize server utilization, reduce equipment and energy costs, and streamline IT operations.

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):
 Maintaining this subscription is essential to support existing virtual servers running critical business functions.

In the boxes below, list Vendor/Contractor, etc. Name, Street Address, City, State and Zip Code. Beside each vendor/contractor, etc. provide owner, executive director, other (specify)

Vendor Name and address:	Owner, executive director, other (specify):
The Ohio State University dba OARnet 1224 Kinnear Road Columbus, Ohio 43212	Kim Ferguson Business Relationship Manager
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
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<p>RQ# _____ (Insert RQ# for formal/informal items, as applicable)</p> <p><input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ</p> <p><input type="checkbox"/> Informal</p> <p><input type="checkbox"/> Formal Closing Date: _____</p>	<p>Provide a short summary for not using competitive bid process. This renewal is a government purchase & is an established County Department of Information Technology standard. The Juvenile Court already relies on this platform for critical operations. Multiple servers supporting essential business functions run on VMware, making continuity of support for these subscriptions vital. Changing to another vendor would risk system disruption, require significant reconfiguration, and increase both cost and operational downtime. Renewing the existing VMware subscriptions ensures stability, compatibility, and uninterrupted support for core Court services.</p>
<p>The total value of the solicitation: _____</p>	<p><input type="checkbox"/> Exemption</p>
<p>Number of Solicitations (sent/received) / _____</p>	<p><input type="checkbox"/> State Contract, list STS number and expiration date</p> <p><input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date</p>
<p>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.</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____</p>	<p><input checked="" type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received? _____</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe: _____</p>

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

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

100% General Fund
Is funding for this included in the approved budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "no" please explain):
List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit. JC100100
Payment Schedule: <input checked="" type="checkbox"/> Invoiced <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

Provide status of project.	
Is contract/purchase late <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, In the fields below provide reason for late and timeline of late submission	
Reason:	
Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction: N/A	
If late, have services begun? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) Subscription is backdated to begin 7/31/2025	
Have payments been made? <input checked="" 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.
	PO25003525 GOVP	The Ohio State University dba OARnet	07/31/2025 – 0730/2026	\$11,052.80	09/15/2025	BC2025-583

BC2026-312

Title	SECOND CONTRACT AMENDMENT FOR TRAUMA-INFORMED YOUTH CARE CENTERS
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)	4521,	Raven House,	7/1/2024 - 6/30/2026	\$800,000.00	9/10/2024	R2024-0341
	4522	Lutheran Metropolitan Ministry				
	4524	Life's Right Directions				
(A-#1)	5155 fka 4644, 4522.	Lutheran Metropolitan Ministry	7/1/2024-6/30/2026	(\$150,000.00)	7/21/2025	BC2025-476
(A-#2)	6274 fka 5515, 4644 and 4522	Lutheran Metropolitan Ministry	7/1/2024-6/30/2027	\$250,000.00	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.

Second Contract amendment for trauma-informed response to Youth arrested by a law enforcement officer in lieu of secure Detention Center admission in a trauma -informed group home setting. To extend the term through June 30, 2027, add funds in the amount of \$50,000.00 through June 30, 2026, add funds in the amount of \$200,000.00 until June 30, 2027 and replace applicable language within the Contract setting 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): Secured detention placement for trauma-informed youth, provide options to meet the need of youth at risk of reoffending with programming, care, and custody services for youth.

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

Vendor Name and address: Lutheran Metropolitan Ministry 4515 Superior Ave., Cleveland, Ohio 44103	Owner, executive director, other (specify): Maria A. Foschia (President & CEO)
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 No Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

BC2026-313

Title	FIRST AMENDED INTERAGENCY AGREEMENT FORENSIC LIAISON
Department or Agency Name	THE CUYAHOGA COUNTY JUVENILE COURT and CUYAHOGA COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
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)	5133	Juvenile Court and Cuyahoga County Board of Developmental Disabilities	7/1/2024- 6/30/2026	\$172,000.00	3/10/2025	BC2025-163
Amendment (A-1)	6268 FKA 5133	Juvenile Court and Cuyahoga County Board of Developmental Disabilities	7/1/2024- 6/30/2027	\$97,927.50	Pending	Pending

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

The Cuyahoga County Juvenile Court plans to amend the contract with Cuyahoga County Board of Developmental Disabilities for one full-time Forensic Liaison position. To extend the term of the contract June 30,2027, add funds in the amount of \$97,927.50, and replace applicable language within the Contract setting forth 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):
 Screen, identify and monitor individuals with developmental disabilities incarcerated at the Cuyahoga County Juvenile Detention Center and/or facing criminal charges in Cuyahoga Juvenile court. This includes individuals eligible for Cuyahoga DD and individuals who are screened for a developmental disability.

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): Sarah D. Cammock – General Counsel
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Cuyahoga County Board of Developmental Disabilities. 1275 Lakeside Ave. East, Cleveland, Ohio 44114	
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: 60%;">List date of TAC approval</td> <td>Date:</td> </tr> </table>	List date of TAC approval	Date:
List date of TAC approval	Date:	
<input type="checkbox"/> Check if item on IT Standard List of approved purchase and provide date of TAC approval.		

<input type="checkbox"/> Check if item is ERP related? <input 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. This contract is funded 100% 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 type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> One-time <input type="checkbox"/> Other (please explain):

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

BC2026-314

Title	Request for PO 26002130 STAC with MNJ Technologies Direct, Inc. for (1 year) renewal of Wasabi Cloud Storage
Department or Agency Name	County Prosecutor
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.
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0	26002130 STAC	MNJ Technologies Direct, Inc.	8-15-2026 to 8-14-2027	\$61,820.00	pending	pending
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Service/Item Description (include quantity if applicable). When submitting an amendment, address any changes to the time period of the agreement, reduction or addition of funds, changes to the existing scope of services, changes to service rates/costs, and retroactive applicability of the changes, if any.

Requesting approval of a PO as indicated in the chart above with MNJ Technologies Direct in the amount of \$61,820.00. Wasabi is a cost-effective 870TB storage cloud running on Amazon's S3 storage platform with no hidden fees or ingress and egress of data. This is a 12-month annual subscription. The purchase is a renewal of an annual subscription.

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):

Wasabi will be used to further enhance the CCPO's modern backup and disaster recovery strategy by storing backups safely in the cloud.

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, IL 60089	Jimmy Lochner, Account Manager
Vendor Council District: N/A	Project Council District: N/A
If applicable provide the full address or list the municipality(ies) impacted by the project.	N/A

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

	STS #534354 expires 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 No Yes If yes, list date of TAC approval and answer the questions below.

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

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

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

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

List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 PS100100

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

Provide status of project.

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

Reason:

Timeline	
Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	
Date of insurance approval from risk manager:	
Date Department of Law approved Contract:	
Detail any issues that arose during processing in Infor, such as the item being disapproved and requiring correction:	
If late, have services begun? <input 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):						
Prior Original (O) and subsequent Amendments (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
0	25002798 STAC	MNJ Technologies Direct, Inc.	12 months	\$51,902.00	08-04-2025	BC2025-500

BC2026-315

Title	Public Consulting Group LLC Cost Allocation Software
Department or Agency Name	Sheriff's Department
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.
0	3484	Public Consulting Group LLC	05/01/2026 – 04/30/2028	\$106,282.00	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>Contract with Public Consulting Group LLC for the maintenance and support for current program being used by CCSD. This software is a cost allocation program that can allocate all expenses including salary, fringes, and</p>

other expenses for the services provided by the Cuyahoga County Sheriff's Division of Protective Services. The software design was purchased by the Court of Common Plea on behalf of CCSD.
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 – N/A
Project Goals, Outcomes or Purpose (list 3): Primary goal is the software and maintenance of the program that is currently being used by CCSD. This software is a cost allocation program that can allocate all expenses including salary, fringes, and other expenses for the services provided by the Cuyahoga County Division of Protective Services. The software design was purchased by the Court of Common Pleas on behalf of CCSD.

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: Public Consulting Group LLC P.O. Box 845308 Boston, MA 02284-5308	Owner, executive director, other (specify): Katie Meyer, Associate Manager
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# 11711 <input type="checkbox"/> RFB <input checked="" type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: February 21, 2023	Provide a short summary for not using competitive bid process. *See Justification for additional information.
The total value of the solicitation: \$225,000.00	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) 11/3 There were 3 proposals pulled from OPD, 2 submitted for review, and 1 approved	<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

<p>Participation/Goals (%): () DBE (6%) SBE (1%) MBE (3%) WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, please explain.</p> <p>DIV-3 Completed. Full waiver requested, notarized statement attached. -SS 02/22/2023</p> <p>DIV-3 indicates 1 date for when outreach was made to the SBE/MBE/WBE vendors. No documentation of prime following up</p> <p>If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?</p>	<p><input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().</p>
<p>Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: Lowest of qualified bidders</p>	<p><input type="checkbox"/> Government Purchase</p> <p><input type="checkbox"/> Alternative Procurement Process</p>
<p>How did pricing compare among bids received?</p> <p>2nd lowest bidder</p>	<p><input type="checkbox"/> Contract Amendment - (list original procurement)</p> <p><input type="checkbox"/> Other Procurement Method, please describe:</p>

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

List date of TAC approval	Date:06/11/26
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Check if item on IT Standard List of approved purchase and provide date of TAC approval.
 Check if item is ERP related? No Yes.

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

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

100% Central Security Services - Sheriff Internal Service 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.

SH745100;55200

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

Provide status of project.
Software has been developed and is currently being used by CCSD Fiscal.

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

Reason: Initially this was going to be set up as a Purchase Order. When setting this PO up, it took the vendor time to get us the correct vendor documentation. This item went to Executive Review on 5/11/2026, however, it was noted that we needed to get an Updated TAC approval. TAC Approval was received on June 11, but then it was advised that we create a contract and not a PO.

Timeline

Project/Procurement Start Date (date your team started working on this item):	
Date documents were requested from vendor:	4/9
Date of insurance approval from risk manager:	6/11
Date Department of Law approved Contract:	6/11

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)

Common Pleas Court purchased the initial software in the amount of \$151,728.00

HISTORY (see instructions):

BC2026-316

Title	2026 Revenue Generating Agreement – The MetroHealth System
Department or Agency Name	Cuyahoga County Job and Family Services
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):

Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	6250	The MetroHealth System	7/1/2026 - 6/30/2027	\$173,529.91	Pending	Pending

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

Provide and employ a sufficient number of CJFS trained workers (no more than 4) whose assigned caseloads will consist of MetroHealth patients applying for Medicaid or needing assistance with their Medicaid benefits.

Revenue Generating agreement will be \$173,529.91 for year 1 of 2026/2027 cover ½ the salaries and fringes for staff.

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

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

Project Goals, Outcomes or Purpose (list 3):
 Caseworkers responsible for determining income eligibility for MetroHealth patients.
 Medicaid eligibility shall also be determined by a case worker for The MetroHealth System.

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):
The MetroHealth System 2500 Metrohealth Drive Cleveland, Ohio 44109	Dr. Christine Alexander-Rager, President & CEO
Vendor Council District: 03	Project Council District: Countywide
If applicable provide the full address or list the municipality(ies) impacted by the project.	Countywide

COMPETITIVE PROCUREMENT	NON-COMPETITIVE PROCUREMENT
RQ# _____ <input type="checkbox"/> RFB <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Informal <input type="checkbox"/> Formal Closing Date: _____	Provide a short summary for not using competitive bid process. A revenue generating agreement is being requested because The MetroHealth System is unable to choose any other vendor to complete these tasks. CJFS caseworkers are the only individuals in Cuyahoga County who can complete MetroHealth’s Medicaid applications. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date

Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain. If no, has this gone to the Administrative Reconsideration Panel? If so, what was the outcome?	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().
Recommended Vendor was low bidder: <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	<input type="checkbox"/> Government Purchase <input type="checkbox"/> Alternative Procurement Process
How did pricing compare among bids received?	<input type="checkbox"/> Contract Amendment - (list original procurement) <input checked="" type="checkbox"/> Other Procurement Method, please describe: Revenue Generating CM6250

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

<input type="text"/> List date of TAC approval	<input type="text"/> 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 The MetroHealth System will pay CJFS for this program.

Is funding for this included in the approved budget? Yes No (if "no" please explain): Revenue Generating
 List all Accounting Unit(s) upon which funds will be drawn and amounts if more than one accounting unit.
 No accounting units are used because this is revenue generating

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: N/A

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) N/A	
Have payments been made? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) N/A	

HISTORY (see instructions):

C. - Consent Agenda

BC2026-317

Title	Department of Senior and Adult Services (DSAS); Master Agreement Amendment 6; Options for Independent Living Services (OPTN)					
Department or Agency Name	Division of Senior and Adult Services					
Requested Action	<input type="checkbox"/> Contract <input type="checkbox"/> Agreement <input type="checkbox"/> Lease <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Purchase Order <input type="checkbox"/> Other (please specify):					
Original (O)/ Amendment (A-#)	Contract No. (If PO, list PO#)	Vendor Name	Time Period	Amount	Date BOC/Council Approved	Approval No.
O	Various Vendors – See Below		01/01/2024 – 12/31/2025	\$9,550,000.00	11/28/2023	R2023 - 0337
	3732	A-1 Healthcare LLC		\$454,000.00		
	3779	ABC International Services, Inc.		\$32,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing		\$32,000.00		
	3789	Caring Hearts Health Services LLC		\$50,000.00		
	3792	Casleo Corporation dba Global Meals		\$4,600,000.00		
	3788	Connect America.com LLC		\$260,000.00		
	3794	Essence Health Services, Inc.		\$150,000.00		
	3790	Fernandez Property Group Ohio, Inc.		\$20,000.00		
	3791	First Choice Medical Staffing of Ohio, Inc.		\$118,000.00		
	3773	Geocare, Inc. dba Home Instead Senior Care		\$190,000.00		

	3775	Home Care Relief Inc.	\$380,000.00		
	3776	Family and Community Services dba Mobile Meals, Inc.	\$150,000.00		
	3768	Purfoods LLC dba Mom's Meals	\$900,000.00		
	3770	Renaissance Home Health Care, Inc.	\$218,000.00		
	3771	Rent a Daughter Senior Care, Inc	\$300,000.00		
	3772	Rose Centers for Aging Well, LLC.	\$200,000.00		
	3733	Senior Transportation Connection	\$310,000.00		
	3734	Solutions Premier Training Services	\$250,000.00		
	3735	Tobi Transportation Services	\$196,000.00		
	3736	Transport Assistance, Inc	\$50,000.00		
	3769	U First Homecare Services	\$134,000.00		
	3747	Valued Relationships, Inc.	\$260,000.00		
	3749	Wash House CLE	\$50,000.00		
	3750	Xcel Healthcare Providers, Inc.	\$246,000.00		
	Various – see Below	Amending Various Contracts to add additional funding	6/1/2024 – 12/31/2025	\$499,000.00	
	3732	A-1 Healthcare LLC	\$4,000.00		
	3781	Addus Healthcare (South Carolina), Inc. DBA Arcadia Home Care & Staffing	\$10,000.00		
	3792	Casleo Corporation dba Global Meals	\$151,500.00		
	3776	Family and Community Services dba Mobile Meals, Inc. – Name change to: Axxess Family Services, Inc. dba Mobile Meals	\$2,500.00		
A-1	3768	Purfoods LLC dba Mom's Meals	\$216,000.00	10/21/2024	BC2024-761
	3772	Rose Centers for Aging Well, LLC.	\$10,000.00		
	3769	U First Homecare Services	\$44,000.00		
	3750	Xcel Healthcare Providers, Inc.	\$61,000.00		
	4798	Wash House CLE – Name Change to: Blue Heron Holdings, LLC	\$0		
A-2	Amending Various Contracts to add funding, Term expiration remains 12/31/2025		\$600,000.00	11/26/2024	R2024-0425
	3732	A-1 Healthcare LLC	\$1,300.00		
	3779	ABC International Services, inc.	\$5,900.00		

	3792	Casleo Corporation dba Global Meals	\$235,800.00			
	3794	Essence Health Services, Inc.	\$7,100.00			
	3790	Fernandez Property Group Ohio, Inc.	\$500.00			
	3791	First Choice Medical Staffing of Ohio, Inc.	\$7,500.00			
	4958	Axess Family Services, Inc. dba Mobile Meals	\$11,000.00			
	3768	Purfoods LLC dba Mom's Meals	\$200,000.00			
	3771	Rent a Daughter Senior Care, Inc	\$18,000.00			
	3772	Rose Centers for Aging Well, LLC.	\$7,900.00			
	3733	Senior Transportation Connection	\$50,000.00			
	3736	Transport Assistance, inc.	\$6,000.00			
	3769	U First Homecare Services	\$15,000.00			
	4798	Blue Heron Holdings, LLC	\$18,000.00			
	3750	Xcel Healthcare Providers, Inc.	\$16,000.00			
A-3	Amending Various Contracts to add Funding and Extend the term by 1 year		Effective Upon Signature – 12/31/2026	\$425,000.00	6/9/2025	BC2025-372
	3792	Casleo Corporation dba Global Meals		\$300,000.00		
	3768	Purfoods LLC dba Mom's Meals		\$100,000.00		
	4798	Blue Heron Holdings, LLC		\$25,000.00		
A-4	Amending 3 Contracts to Add funds for 2025		Effective Upon Signature	\$686,951.00	9/29/2025	BC2025-615
	4798	Blue Heron Holdings, LLC		\$100,000.00		
	3792	Casleo Corporation dba Global Meals		\$436,951.00		
	3768	Purfoods LLC dba Mom's Meals		\$150,000.00		
A-5	Amending All Contracts to Extend through 3/31/2027 and add additional funds		Effective Upon Signature – 3/31/2027	\$7,237,500.00	12/9/2025	R2025-0324
	3732	A-1 Healthcare LLC		\$283,750.00		
	3779	ABC International Services, Inc.		\$20,000.00		
	3781	Addus Healthcare (South Carolina), Inc. dba Arcadia Home Care & Staffing		\$20,000.00		
	3789	Caring Hearts Health Services LLC		\$31,250.00		
	3792	Casleo Corporation dba Global Meals Name Change to: Casleo, LLC dba Global Meals		\$3,887,500.00		
	3788	Connect America.com LLC		\$162,500.00		
	3794	Essence Health Services, Inc.		\$93,750.00		

	3790	Fernandez Property Group Ohio, Inc.	\$12,500.00		
	3791	First Choice Medical Staffing of Ohio, Inc.	\$73,750.00		
	3773	Geocare, Inc. dba Home Instead Senior Care	\$118,750.00		
	3775	Home Care Relief Inc.	\$237,500.00		
	4958	Axess Family Services Inc., dba Mobile Meals	\$93,750.00		
	3768	Purfoods LLC dba Mom's Meals	\$787,500.00		
	3770	Renaissance Home Health Care, Inc.	\$136,250.00		
	3771	Rent a Daughter Senior Care, Inc. Name Change to: Your Home Court Advantage, LLC dba Amivie	\$187,500.00		
	3772	Rose Centers for Aging Well, LLC	\$125,000.00		
	3733	Senior Transportation Connection	\$193,750.00		
	3735	Tobi Transportation Services, LLC	\$122,500.00		
	3736	Transport Assistance, Inc.	\$31,250.00		
	3769	U First Homecare Services	\$83,750.00		
	3747	Valued Relationships, Inc.	162,500.00		
	4798	Blue Heron Holdings, LLC	\$137,500.00		
	3750	Xcel Healthcare Providers, Inc	\$235,000.00		
A-6	3768	Purfoods LLC, dba Mom's Meals	\$7.59/ unit	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 Options program provides in-home services to seniors and adults with disabilities living in Cuyahoga County who need: assistance with larger household chores; medical emergency response services; grab bar installation; homemaking assistance; home delivered meals; assistance with personal care; and/or transportation for medical-related appointments.

This Amendment amends Exhibit M of the Original Contract (Agency Specifications Purfoods, LLC dba Mom's Meals) to increase the unit rate for home delivered meals by Twenty Cents (\$.20) per unit, increasing the rate from Seven Dollars and Fifty-Nine Cents (\$7.59) to Seven Dollars and Seventy-Nine Cents (\$7.79).

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

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

Project Goals, Outcomes or Purpose (list 3):

To add funding to continue to provide the following services:
 To promote self-determination by providing subsidized services to clients so they can remain safe and comfortable in the community.
 Direct services and delivered to clients age 60 and older who met a protective level of care and have incomes up to 300% of the federal poverty level while also not qualifying for a funding source, like Passport.
 The overall goal of the Options Program is to extend the amount of time a client is able to reside at home before requiring more intensive services.

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

Vendor Name and address:	Owner, executive director, other (specify):
Purfoods LLC dba Mom's Meals 3210 SE Corporate Woods Drive Ankeny, IA 50021	Nathan Jensen, Sr VP of Sales and Business Development
Vendor Council District:	Project Council District:
N/A	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. This amendment is to increase per unit rate for a single vendor Purfoods, LLC dba Mom's Meals (CM#3768) from \$7.59 to \$7.79 for home delivered meals per vendor request. *See Justification for additional information.
The total value of the solicitation:	<input type="checkbox"/> Exemption
Number of Solicitations (sent/received) /	<input type="checkbox"/> State Contract, list STS number and expiration date <input type="checkbox"/> Government Coop (Joint Purchasing Program/GSA), list number and expiration date
Participation/Goals (%): () DBE () SBE () MBE () WBE. Were goals met by awarded vendor per DEI tab sheet review? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain.	<input type="checkbox"/> Sole Source <input type="checkbox"/> Public Notice posted by Department of Purchasing. Enter # of additional responses received from posting ().

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

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

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

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

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

Health and Human Services Levy – 100%

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

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

Accounting Unit: HS260295

Account: 56110

Activity Code: UCH09322

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

Provide status of project.
The original contract is ongoing, and this amendment is updating the per unit amount from \$7.59 to \$7.79 for 1 vendor (Purfoods dba Mom’s Meals).

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

Reason:

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

HISTORY (see instructions): see chart above

BC2026-318

(See related items for proposed memberships for the week of 6/22/2026 in Section C).

BC2026-319

(See related items for proposed purchases for the week of 6/22/2026 in Section C).

V – OTHER BUSINESS

Item of Note (non-voted)

ION2026-73

TITLE	Ohio Lake Erie Commission Grant – Amendment/Extension #1
DEPARTMENT OR AGENCY NAME	Cuyahoga County Department of Public Works

<p>REQUESTED ACTION – PLEASE CHECK ALL THAT IS APPLICABLE</p> <p>*PLEASE INCLUDE SUPPORTING DOCUMENTS AS ATTACHMENTS TO THE SUBMISSION IN ONBASE.</p>	<p><input type="checkbox"/> Authority to Apply (for grants with Cash Match and/or Subrecipients).</p> <p><input type="checkbox"/> Grant Application (for grants with no Cash Match or Subrecipients). ➤ Is County Executive signature required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Grant Agreement (when the signature of the County Executive is required).</p> <p><input type="checkbox"/> Grant Award (when the signature of the County Executive is not required).</p> <p><input checked="" type="checkbox"/> Grant Amendments</p> <p><input type="checkbox"/> Pre-Award Conditions Forms (when no signature is required by the County Executive)</p>
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GRANT CURRENT/ HISTORICAL INFO	NAME OF GRANT	TIME PERIOD	AMOUNT	PREVIOUS APPROVAL (PLEASE PROVIDE BOC MEETING DATE)	APPROVAL NO.
ORIGINAL (O)	Ohio Lake Erie Commission Grant	4/21/25- 6/30/26	\$154,000	4/14/2025	CON2025-31
AMENDMENT (A-1)	Ohio Lake Erie Commission Grant	4/21/25- 12/31/26	\$0	PENDING	PENDING
AMENDMENT (A-)					
DESCRIPTION/EXPLANATION OF THE GRANT:		The Euclid Beach Connector Project was identified as the top priority in the Lakefront Public Access Plan and vital to the goal of providing equitable access to Lake Erie while controlling erosion and restoring natural habitats along the shoreline in the underserved community of North Collinwood. This grant will contribute to the construction costs. This grant amendment extends the grant performance end date from June 30, 2026, to December 31, 2026.			
PROJECT GOALS, OUTCOMES OR PURPOSE (LIST 3):		<p>This project will (1) provide new public access along a 2/3 mile stretch of shoreline via a new multipurpose trail.</p> <p>(2) Stabilize an eroding shoreline and reintroduce natural vegetation</p> <p>(3) Greatly improve the habitats of the Monarch Butterfly and many fish species</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:	District 10
PROVIDE FULL ADDRESS/LIST MUNICIPALITY(IES) IMPACTED BY GRANT/PROJECT, IF APPLICABLE.	Cuyahoga County, the City of Cleveland North Collinwood neighborhood

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

ION2026-74

(See related list of Contracts up to \$10,000.00 - processed and executed for the week of 6/22/2026 in Section V. above).

VI – PUBLIC COMMENT

VII – ADJOURNMENT